<u>UBCICC37135</u>

(Requestor's Name)				
(Ad	dress)	:		
(Ad	dress)			
		- 10		
(CI	ty/State/Zip/Phone	≥ π)		
		MAIL		
(Bi	isiness Entity Nan			
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



11/05/18--01013--011 **80.00



Y SULKER NOV 2.7 2018

COVER LETTER

TO: Registration Section Division of Corporations

RETAIL RIVER LLC

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: ____

•

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT M OLMSTED

	00011110001010				
		Name of Person			
	21275 SANDAL FOOT	Firm/Company DR			
	VENICE FL 34293	Address		16	
	SOLMSTED@GMAIL.C	City/State and Zip Code COM		8- AON BIG	
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	ication)		
SCOTT M OLMSTED		760 487-8370 at ()		5	
Name of	Person		Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional cop	of Status &	
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpora	n		

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETAIL RIVER LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	vere filed on and assigned
1.18000037135	
lorida document number	

his amendment is submitted to amend the following:

1. If amending-name, enter the new name of the limited liability company here:

he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Inter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

Inter new mailing address, if applicable:

Mailing address	MAY BE A	POST OFFICE	BOX)

3. If amending the registered agent and/or registered office address on our record	s. enter	theona	mé of	the new	v
egistered agent and/or the new registered office address here:		Ϋ́	11		
	다. 도구	çç			
Name of New Registered Agent:		S			

New Registered Office Address:

Enter Florida street address

, Florida

Zip Code

ON 3107

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u> BARBARA T WALKER	<u>Address</u> 21275 SANDAL FOOT DR	Type of Action
AMBR		VENICE FL 34293	Q Add
			Remove
			Change
AMBR	RICHARD FORBERG	258 CHEROKEE STATION DR	
<u> </u>		NASHVILLE TN 37209	⊟ Add
		····	Remove
			Change
			Add
			C Remove
			Hennge Honge
			HOV Add HOV Add Remove Control
			Add
			Remove
			Change
	·		🖸 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

· · · · · · · · · · · · · · · · · · ·	
	· · · · ·
	ALL IN NOV
	C 22 -
	NON NON
	-D
	in the contract of the contrac
	K
	573 · · · · ·
	- W
the data if other then the data of filings	(ontional) as

E. Effective date, if other than the date of filing: _________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Rursuart o 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

NOVEMBER 5

Dated

2018

Signature of a member or authorized representative of a member

SCOTT M OLMSTED

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00