

11800037135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

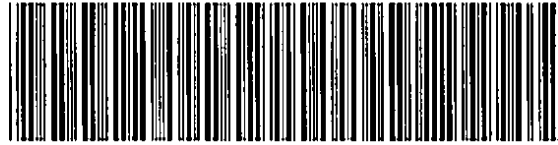
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 NOV -8 AM 8:56

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NOV 27 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

RETAIL RIVER LLC

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

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

21275 SANDAL FOOT DR

\_\_\_\_\_  
Address

VENICE FL 34293

\_\_\_\_\_  
City/State and Zip Code

SOLMSTED@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT M OLMSTED

760

487-8370

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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

RECEIVED  
TALLAHASSEE, FL 32301  
NOV 8 2018

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## RETAIL RIVER LLC

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 9, 2018 and assigned Florida document number 118000037135.

Page 1 of 3

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BARBARA T WALKER	21275 SANDAL FOOT DR	<input type="checkbox"/> Add
		VENICE FL 34293	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICHARD FORBERG	258 CHEROKEE STATION DR	<input checked="" type="checkbox"/> Add
		NASHVILLE TN 37209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2015 NOV - 3 AM 8:56  
CLERK OF DISTRICT COURT  
JANUARY 1, 1907  
for filing Pursuant to 605.02

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.

Scott M Alvestad

Signature of a member or authorized representative of a member

SCOTT M OLMSTED

Typed or printed name of signee