## 11800043053

(Re	questor's Name)	
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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
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## **COVER LETTER**

Divi	sion of Corp	porations		
SUBJECT:	RIVERFRO	ONT PROPERTIES OF BREV	ARD COUNTY, LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Michael B. Bittner		
			Name of Person	
		Marks Gray, P.A.		
			Firm/Company	
		P.O. Box 447		
			Address	
		Jacksonville, F1. 32201		
•	P.O. Box 447 Address			
		<del>-</del>	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please co	·	.,
Michael B. B	ittner		904 807-2198 at ()	
	Name of	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURI Registration Section	

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

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>N.</u> )
	any were filed on 02/16/18	and assigned
Florida document number 178000043053		
This amendment is submitted to amend the following:		
e Articles of Organization for this Limited Liability Company were filed on 02/16/18 and assigned orida document number L18000043053  is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" of the abbrevi		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	)	<u> </u>
		SECTION ALL
•		- 34+ © x4
Enter new mailing address, if applicable:		7 287
(Mailing address MAY BE A POST OFFICE BOX)		<b> </b>
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)  If amending the registered agent and/or registered office address on our records, enter the name of the new mailing address.		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	5 2	
		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	ndment is submitted to amend the following:  ending name, enter the new name of the limited liability company here:  In the must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  In the principal offices address, if applicable:  In office address MUST BE A STREET ADDRESS)  We mailing address, if applicable:  In address MAY BE A POST OFFICE BOX)  In the mailing address on our records, enter the name of the name of the name of New Registered Agent:  Name of New Registered Agent:	
		orida
	City	Zip Code

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

I 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 accept 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	George Savakis	5031 Valle Collina Lane	Add
		Merritt Island, FL 32952	Remove
			□ Change
			Remove
			□ Change
·			
			Remove
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			Add
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II an effe <u>Note:</u> I	the date, if other than the date of filing:		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.	ərliei	r a
Dated _	July 21. 2018.		
	Signature of a member or authorized representative of a member	=	

Page 3 of 3

Filing Fee: \$25.00