L18000182300

Office Use Only



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OCT 2 6 2018
S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: RIVEVSICIE WEATH Advisus LLC Name of Limited Liability Company	
The enc	closed Articles of Amendment and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Katie Giblio Name of Person	
	Priverside Weath Advisors Firm/Company	18.
	1419 RUG Street Address	FILT OCT 16 CRETAIG LLAHASSE
	Palatka FL 32177 City/State and Zip Code	LED 16 PH 3: And of STA SSEE, Flor
	E-mail addiess: (to be used for future annual report notification)	AGE 10
For furt	her information concerning this matter, please call:	
	Name of Person at (384) 334 9051 Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□ \$25	(additional copy is enclosed) Certified	e of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riverside Wealth Advisors LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ________30, 2018 and assigned Florida document number _ L18000182300 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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, 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>	Address	Type of Action
MGR	Charles T Douglas	1419 Reid Street Palatka FL 32177	
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	10/11/18
Effec	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) Th	e 90th day after the record is filed.
	Λ
Date	1 Dorose 11 2018
	attilla

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Typed or printed name of signee

Filing Fee: \$25.00