118000/87043

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(Address)					
(Address)					
(City/State/Zip/Phone	#)				
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: River City Renovators LLC 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:
William A Reed Jr
River City Renovators LLC Firm/Company
531 Millhouse Lane
Drange Park, FL 32065 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 616 - 9818 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIVEY CITY KE	novators L	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com Florida document number <u>LISOOI87043</u> .	spany were filed on $08/00$	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	55)	· · · · · · · · · · · · · · · · · · ·
		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress .
		Florida
	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

Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

MGR = M $AMBR = A$	anager uthorized Mo	ember		
<u>Title</u>	Name		Address	Type of Action
MGR.	Fred A	Higginbothamur	lolo35 TVANT River BIVD	
			6635 Trout River BIVD Jacksonville, FL 32219	Nemove
				Change
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				Remove
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable state	(optional) filing or more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's records.	utory timing requirements, this date with not be fisted
record specifies a delayed effective date, but not an eff he 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier
ed January 15 2019	
Signature of a member of authorized repr	resentative of a member

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Filing Fee: \$25.00