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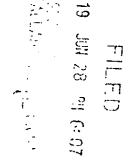
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JUL 1 2 2019 S. YOUNG

COVER LETTER

114: Registration Division of C			•
- .	ALE RETREAT,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	_	
Please return all corres	pondence concerning this matter TYSEER M KURDI	to the following:	
	RIVERDALE RETREAT,LL	Name of Person	
	21921 US HWY 98 N	Firm/Company	
	DADE CITY, FL 33523	Address	
	DRTKURDI@GMAIL.COM	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please or	to be used for future annual report no	otification)
TYSEER KURDI	concerning this matter, please of	407 953 9004	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
S25 75 Filing 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)
•			

* 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

RIVERDALE RETREAT, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19</u> 000068329	were filed on 3/19/2019		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	37232 WOODRIVER DE	RIVE	
(Principal office address MUST BE A STREET ADDRESS)	DADE CITY FL 33523	?≥ •	19
			도 -
Enter new mailing address, if applicable:	SAME AS A BOVE	1. 1. 1.	11 E D
Mailing address MAY BE A POST OFFICE BOX)			-
		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ords, <u>ent</u>	er the name of the
New Registered Office Address:			
	Enter Florida street aa	ldress	
		. Flerida	
	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 jied to merely reflect a change in the registered office address, I hereby confirm that the limited liability compared has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ani a USW (g Anthorized Person(s) authorized to m <u>位面nour records</u> :	the state st	to, we such possible being ac
IGR MBF	्रात्व्वहरू संदर्श Member		
itle	's pmc	Address	Type of Action
) 	**SEER KURI;I	21921 US HWY 98 N DADE CITY FL 33523	
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Ē.	XISTING ADDRESS TO THE NEW ADDRESS MENTIONED ABOVE
Ŕ	EMOVE TYSEER KURDI FROM RECORD
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ct	ive date, if other than the date of filing: (optional) ective 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
: :	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted
m	nent's effective date on the Department of State's records.
e	cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlies $90th$ day after the record is filed.
16	90th day after the record is med.
	JUN 25, 2019
:d	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00