L19000111995

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COVER LETTER

SUBJECT: PH	M RIC 2019 Investor LLC Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Felici	a Matula	
		Name of Person	
	Pinnacle Hot	el Managmentt	
		Firm/Company	
	1480 Royal Palm I	Beach Blvd., Suite A	
		Address	
	Royal Palm Bea	ach, FL 33411	
		City/State and Zip Code	
		pinnaclehm.com	***
	n-maii addressi (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	ali:	
		at ()	
Name e	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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:

TO:

Registration Section
Division of Corporations

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

PHM RIC 2019 Investor LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	05/02/2019	and assigned
Florida document number <u>L19000111995</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	iere:	
RIC2019 Investor LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		n/a	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			9
			5 <u>1</u>
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
Training dual cast that I be the cast of the books			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		n our records, <u>er</u>	* .
Name of New Registered Agent:	85 May 100 11	п/а	
New Registered Office Address:			
New Registered Office Address.	Enter Flo	orida street address	
		, Florid	a
	City	, 1 10110	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

If Changing Registered Agent, Signature of New Registered Agent

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 amending or removed	g Authorized Person(s) authorized from our records:	d to manage, enter the title, name, an	nd address of each person being add
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove—
			\$10 AG
			Remove
			Change
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f an effect <u>Note:</u> If	tive date is listed, the the date inserted	han the date of e date must be specif in this block does on the Departmen	ic and cannot be pr not meet the app	licable statutory				
		delayed effecti the record is fi		not an effecti	ve time, at 12	2:01 a.m. (on the e	earlier of
	July 31			<u> </u>				
Dated _				/ / /				
Dated _		_	Solan	W/	ative of a member			

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Filing Fee: \$25.00