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DATE: 9/5/19

NAME: RIC 2019 INVESTOR LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

File Second

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: RIC2019 Investor 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:

Felicia Matula

Name of Person

Pinnacle Hotel Managmentt

Firm/Company

1480 Royal Palm Beach Blvd., Suite A

Address

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ch

Royal Palm Beach, FL 33411

City/State and Zip Code

felicia.matula@pinnaclehm.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tallahassee, FL 32314

at (_ Name of Person Daytime Telephone Number Area Code 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 Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section **Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIC2019 Investor LLC (<u>Name of the Limited Liability Company</u> (A Florida Limited Lin	as it now appe bility Company	ars on our records.))	
The Articles of Organization for this Limited Liability Company w	ere 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, <u>enter the new name of the limited liabili</u>	<u>ty company l</u>	<u>here</u> :	2019 5
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC" or th	e abbreviation "E.L.C."
Enter new principal offices address, if applicable:		n/a	
(Principal office address MUST BE A STREET ADDRESS)			P
			<u> </u>
Enter new mailing address, if applicable:		n/a	
(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:	n/a	
New Registered Office Address:	Enter Florida street addre	255
-	, F	lorida 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</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	PHM2019 Manager LLC	1480 Royal Palm Beach Blvd., Suite A –Royal-Palm-Beach, Fl . 33411–––––––	XXX
			Remove
			DCh
MGR	PHM RIC 2019 Manager LLC	Remove this manager name	G Add
			Remove
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fective date, if other than the date of filing:	(optional) (optional) te of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)()
<u>ote:</u> If the date inserted in this block does not meet the applicable summert's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the

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Dated	August 26	2019
		470A
		Signature of a member or authorized representative of a member
		Signature of a member of authorized representative of a member
	Steven J. Fair	banks as Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00