

# L19000134089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

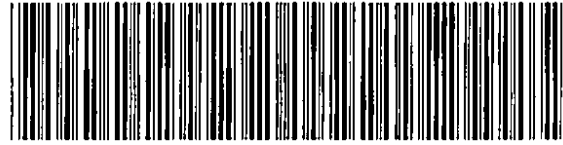
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200417132702

FILED RECEIVED  
2023 NOV -8 AM 11:53  
2023 NOV -8 PM 3:44  
TALLAHASSEE, FLORIDA  
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TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 11/08/23  
Order #: 1308397-3  
Re: Rivers Edge Mobile Units LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
I20000000195

Authorization:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the word "Authorization:" and extends to the right.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Rivers Edge Mobile Units LLC

**SUBJECT:** \_\_\_\_\_  
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:

Robyn Tuerk

\_\_\_\_\_  
Name of Person

Philips International

\_\_\_\_\_  
Firm/Company

40 Cutter Mill Road, Suite 405

\_\_\_\_\_  
Address

Great Neck, New York 11021

\_\_\_\_\_  
City/State and Zip Code

rtuerk@pihc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Tuerk

212 951-3801  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2023 NOV -8 AM 11:53

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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**

[illegible]

2023 NOV -8 AM 11:53  
TALLAHASSEE, FLORIDA

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2023 NOV -8 AM 11:53  
CLAY COUNTY  
TALLAHASSEE, FLORIDA

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 8 2023

Robynne  
Signature of a member

Signature of a member or authorized representative of a member

Robyn Tuerk

Typed or printed name of signee

**Filing Fee: \$25.00**