## L19000228914

(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

A. RIVERS



500395918185

10/17/22--01027--006 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORID;

1022 OCT 1-7 AH A:

## **COVER LETTER**

	Registration Se Division of Cor				
cun iro		Dalton LLC			
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Kimberly Shields			
			Name of Person		
		River Bend Dalton LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		1155 NW 165th Street			
		·	Address		
		Citra, FL 32113			
		<del></del>	City/State and Zip Code		
		johncshieldsjr@yahoo.com			
For furthe	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual re	eport notification)	
		oncerning this matter, prease e		0050	
John Shi			at ()	-9850	
	Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclosed	is a check for th	ne following amount:			
\$25.0	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 Addres Registration S		Street Ad Registra	<del></del>	
	Division of C			Registration Section Division of Corporations	
	P.O. Box 632			tre of Tallahas	
	Tallahassee, I	rl 32314	2415 N.	Monroe Street	, suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabil Florida document number L19000228914	ity Company were filed on 9/10/2019	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	• •	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2022 C SEUF
	, Florida	OCT I
_	City	ri-Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha	ind complete performance of my duties, and I an ed agent as provided for in Chapter 605, F.S. O istered office address, I hereby confirm that the	ngree to comply with the familian with and familian with and for if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Мgт —	Jeff Goldberg		
		146 Gable Drive NW, Cleveland, TN 37312	■Remove
			Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
<del></del>	<del></del>		□Add
			□Remove
			Change
			□Add
			Remove
			[]Change

•	
•	<del> </del>
•	
-	
-	
•	
•	
Note:	ive date, if other than the date of filing:
he recor	rd 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 iled.
Dated	
	$\sim$
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00