L20000364008

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2022 JUL 25 PH 3: 4

COVER LETTER

RIVER COA	AST ENTERPRISES, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	LES C. SHIELDS, ESQ.		
		Name of Person	
	MORRIS & SHIELDS, PA		
		Firm/Company	
	685 ROYAL PALM BEAG	CH BLVD., SUITE 205	
		Address	
	ROYAL PALM BEACH, I	FL 33411	
		City/State and Zip Code	
	TERREESHIELDS@AOL.	COM to be used for future annual report notifi	
		•	cation)
For further information co	ncerning this matter, please ca	all:	
LES C. SHIELDS		561 793-1200	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Address:	

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

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ... =!)

RIVER COAST INTERPRISES, LLC

2022 JUL 25 PM 3: 43

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our reability Company)	cords.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L200000364008</u> .	were filed on 11/17/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		n-ar-	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>en</u>	iter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street aa	ldress	
	, Florida		
	City	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 p accept the obligations of my position as registered agent as position as registered agent as position filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, 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
AMBR	SYBIL MCCATTY	62 CANTERBURY LANE	
		TAMARAC, FL 33319	≣Remove
			☐ Change
AMBR	THE SYBIL V. MCCATTY REV. TRUST_dated_11/20/2020_	62 CANTERBURY LANE	∃ Add
		TAMARAC, FL 33319	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			
			□Remove
			□Change
			□Add
			□Remove
			Change

	
	
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If an ei Note:	tive date, if other than the date of filing: JULY 19, 2022 (optional)
e reco rd is f	ord 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 filed.
Dated	7-18 ZOZZ Signature of a member or authorized representative of a member
	Supreture of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00