## L21000001580

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## **COVER LETTER**

TO: Registration So Division of Cor			•	
	AT RIVERSIDE, LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	James C Magnus			
		Name of Person		
	Rooftop At Riverside, LLC			
		Firm/Company		
	8841 West Terry Street			
		Address		
	Bonita Springs, Fl. 34135			
		City/State and Zip Code	<del></del>	
	jemagnus@aol.com	be used for future annual report noti	tication)	
Ear further information of	concerning this matter, please cal		ikana)	
	oncerning this matter, prease ear			
James C Magnus		239 980-6700 at ()	e Telephone Number	
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			$\bigcirc$
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. ☐ Certificate of Statuş &	
	Contract of Samus	(additional copy is enclosed)	Certified Copy	
			> <u>:</u>	ï
Mailing Addres		Street Address:	ection 24	,
Registration !		Registration Sec	ction 2	
Division of C P.O. Box 632	-	Division of Cor The Centre of T		
Tallahassee.			e Street, Suite 810	
	<del>- •</del> • •	Tallahassee, FL		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rooftop At Riverside, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/04/2021}{2}$ and assigned Florida document number L21000001580 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 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: New Registered Office Address: Enter Florida street address Cuv

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.

New Registered Agent's Signature, if changing 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	Christopher P Magnus	9955 Puopolo Ln, Bonita Springs, FL 34135	<b>=</b> Add
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			□Change
			□Add
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is filed.	•						24	
5/3/2021								
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	<b>~1</b>							
	(1/n/l							
	J(Nhg	Signature of a n	nember or auth	norized represe	entative of a n	nember		

Filing Fee: \$25.00