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## **COVER LETTER**

TO: Registration Se Division of Cor			
116 Riviera	LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cynthia Davies		
		Name of Person	
	Cindy's Florida LLC		
		Firm/Company	
	8051 N. Tamiami Trail, ST	E E6	
		Address	
	Sarasota, Florida 34243		
	cindy@cindysfloridallc.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	ıll:	
Cynthia Davies		727 300-0042	
Name o	f Person	at ()	ne Number
Enclosed is a check for the	ha fallanina amaunti		
	_		
■ \$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)
			W 12
Mailing Addres		Street Address:	<del></del>
Registration S		Registration Section	ω
Division of C	•	Division of Corporation	
P.O. Box 632		The Centre of Tallahass	see 5 D

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

116 Riviera LLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on and assigned
This amendment is submitted to amend the follow	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Emer new mannig address, it applicable. Mailing address MAY BE A POST OFFICE B	
Figure Gauces MATE DE ATT OST OFFICE D	<u> </u>
B. If amending the registered agent and/or requent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new regis</u> here:
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Deside street address
<del> </del>	Enter Florida street address . <b>Florida</b>

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. It his 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sunflower Lily LLC	1309 Coffeen Ave., STE 1200	
	on y charge	Sheridan, WY 82801	□Add
	on y character of member	Oleridati, W. F. Olerovi	□Remove
			■Change
	<u> </u>	<del></del>	
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Note: If the date inserted in the	nis block does not	meet the appl	icable statutory	filing requiremer	its, this date wil	I not be listed as
ocument's effective date on t	ne Department of	State's record	15.		<u></u>	<u> </u>
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record specifies a delayed eff d is filed.	ective date, but n	of an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90	Oth Hay after the
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į	Signature of	a member or aut	horized represent	ative of a member		
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