## L21000051578

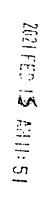
(Re	questor's Name)	
		_ <del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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## COVER LETTER

**Registration Section** 

**Division of Corporations** 

TO:

Riversides : SUBJECT:	Suites. LLC			
30BJEC1.	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shaveldra M. Jenkins			
		Name of Person		
	<del></del>	Firm/Company		
	485 Quarry Lane			
		Address	<del></del>	
	Sebastian, FL 32958			
		City/State and Zip Code	<del></del>	
	smjenkins80@gmail.com			
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Shaveldra M. Jenkins		772 633-8702 at ()		
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	he 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 S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riversides Suites, 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 January 28, 2021 and assigned Florida document number <u>L2100</u>0051578 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Riverside Suites, L.L.C. 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

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

City

If Changing Registered Agent, Signature of New Registered Agent

or rémoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
		<del></del>	□Remove
			Change
			Remove
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			□Add
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			□Change
			□Add
			□Remove
			□Change

-	
<del></del>	
<del></del>	
If an effect Note: If	date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
Dated	bruary 11 2021
	Signature of member or authorized representative of a member
	Shaveldra M. Jenkins
	Typed or printed name of signee

DUL D COEN