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S.C. 05/04/2021



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COVER LETTER

	rision of Cor			
CHRIECT.		Point Properties LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Daniel C. Neel		
			Name of Person	
			Firm/Company	
		511 Blueberry Drive		
			Address	
		Grand Ridge, FL 32442		
		ncellawncare@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please co	all:	
Daniel C. No			850 209-7426 at ()	
	Name o	f Person	Area Code Daytime Telephone Ne	mber
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	100 Filing Fee. (7) inficate o status & infied Copy informat copy is enclosed)
Re Div P.C	iling Addres gistration S vision of C D. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations, The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	D & 13 ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riverbend Point Properties LLC				
(Name of the Limited (A	Liability Company as it Florida Limited Liability	now appears on our records Company)	.)	
The Articles of Organization for this Limited Liab Florida document number L21000084264	ility Company were	iled on 2/19/2021		and assigned
This amendment is submitted to amend the follow	, inu:			
	_			
A. If amending name, <u>enter the new name of th</u>	<u>le umited habinty co</u>	mpany nere:		
The new name must be distinguishable and contain the word	s "Limited Liability Con	npany," the designation "LLC"	or the abbre	riation "L.L.C."
Enter new principal offices address, if applicable	le:			
Principal office address MUST BE A STREET	4DDRESS)			_
			<u> </u>	·
Enter new mailing address, if applicable:				
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>			
				
3. If amending the registered agent and/or regingent and/or the new registered office address because the new registered office address because the new registered of the new re		s on our records, <u>enter t</u>	the name o	f the new registe
Name of New Registered Agent:		_ _		-11-
				_
New Registered Office Address:				20
		Enter Florida street address		<u> </u>
		, Flo	rida	TORI HAR
New Registered Office Address:	Ci	, Flo	rida	TAR TO THE TOTAL TO THE TARK T
	istered Agent:	, Flo	rida	五 五 可 D D

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
AR	Ruby Neel	511 Blueberry Drive	☐Add
		Grand Ridge, FL 32442	≡Remove
			□Change
			DAdd
			□Remove
			Change
			□ Add
			Remove
			Change
			Add BAdd
			Remove
			Change 5 → Change 6 →
			□Change
			□Add
			□Remove

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		of file		(amtining)	
Officative data i	fathar than tha data	OF THIRDY.		(Optional)	
Effective date, i	f other than the date s listed, the date must be sp	ecific and cannot be prior	to date of filing or more th	nan 90 days after filing.)	Pursuant to 605.6
Note: If the date	if other than the date is listed, the date must be sp inserted in this block do	oes not meet the applic	able statutory filing rec	juirements, this date	wil l fl ot be listed
Note: If the date	if other than the date is listed, the date must be spenserted in this block dottive date on the Department.	oes not meet the applic	able statutory filing rec	nan 90 days after filing.) puirements, this date	Pursuant to 605.8 will
Note: If the date	inserted in this block do	oes not meet the applic	able statutory filing rec	juirements, this date	wil l fl ot be listed
Note: If the date document's effect record specifies	inserted in this block do	oes not meet the applic ment of State's records.	able statutory filing rec	uirements, this date	wil l fl ot be listed
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Note: If the date document's effect record specifies rd is filed.	e inserted in this block de ctive date on the Departn a delayed effective date	oes not meet the applic ment of State's records. by but not an effective to 2021	able statutory filing rec	nuirements, this date	wil l fl ot be listed

Filing Fee: \$25.00