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PLEASE FILE THE ATTACHED ARTICLES FOR:

1. RIVERESIDE RESIDENCE LLE

PLEASE RETURN A CERTIFIED COPY

CHECK# 9147 FOR: \$55.00

THANK YOU!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVERSIDE RESIDENCE LLC

(Name of the Limited)	Liability Company as it now append Florida Limited Liability Company)	ry on our records.)	
The Articles of Organization for this Limited Liabsellerida document number	ility Company were filed on	May 19, 2021	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company ho	ere:	
N/A			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le: <u>N/A</u>		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET A	(DDRESS)	· · · · · · · · · · · · · · · · · · ·	2021
Enter new mailing address, if applicable:	N/A		D 1788
(Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered office address h		ecords, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	ATRIUM REGISTERED A	GENTS, INC.	
New Registered Office Address:	8950 S.W. 74th CT., SUITI	E 1901	
	MIAMI	. Florida	33156
•	City	,	Zip Code

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 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.

By: Alfredo R. Tamayo, Vice President

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

Title	<u>Name</u>	Address	Type of Action
MGR	DANIEL A. JACOBSON	901 S. FEDERAL HIGHWAY, SUITE 201	🗆 Add
		FORT LAUDERDALE, FL 33316	&Remove
			□Change
MGR	PETER ERIKSSON	2305 N. RIVERSIDE DRIVE	⊠ Add
		POMPANO BEACH, FL 33062	Remove Change Add
		· -	Remove
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