## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAS RIVERLIGHTS MANAGER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAS Riverlights Manager LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on 07/22/2021	and ass	igned
Florida document number <u>L21000332470</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic	e address on our records, enter the name	of the ne	w register
agent and/or the new registered office address here:	· ·	2	) (%)
		ξ 3 (	6
Name of New Registered Agent:		<u>∵</u> <u> </u>	$\frac{1}{\omega}$
New Registered Office Address:	Enter Florida street address		_ <del></del>
		) ] <del>.</del>	<u> </u>
	, Florida	Zm.Code	<del></del>
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## 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.

13-0ct-2021 16:07 - 15612148442 p.3

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	Heller Parnters LLC	6001 Broken Sound Parkway, Suite 360	□Add
		Boca Raton, FL 33487	Remove
			□Change
MGR	Michael Heller	6001 Broken Sound Parkway, Suite 360	<b>=</b> Add
		Boca Raton, FL 33487	□Remove
			□ Change
MGR	Adam Heller	6001 Broken Sound Parkway, Suite 360	■ Add
		Boca Raton, FL 33487	Remove
			□ Change
±			DAdd
			□ Remove
			□Change
			□Add
			Remove
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			□Add
			Remove
			□ Change

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· · · · · · · · · · · · · · · · · · ·		of filing:	or to date of filing or more	(optional)	.) Pursuant to 605	.0207 (3)(
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Note: If the date locument's effect record specifies d is filed.  October	inserted in this block d ctive date on the Departi	oes not meet the appli ment of State's record	icable statutory filing rolls.		ne 90th day after	the 2021 OCT
Note: If the date document's effect record specifies d is filed.	inserted in this block detive date on the Departing a delayed effective date	oes not meet the appliment of State's record  but not an effective	icable statutory filing rolls.	the earlier of: (b) TI	ne 90th day after	the

Filing Fee: \$25.00