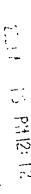
L21000357472

(Requ	iestor's Name)
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PICK-UP	MAIT	MAIL
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Special Instructions to Fi	ling Officer:	

Office Use Only



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Obdia

COVER LETTER

	egistration Sec ivision of Corp				
	River Ochs l		•		
SUBJECT	`` <u> </u>	Name of Limit	ed Liability Company	 ;	
The enclos	ed Articles of a	Amendment and fee(s) are subr	nitted for filing.		
Please retu	ırn all correspoi	ndence concerning this matter t	o the following:		
		Edward W Connor	. <u></u>		
			Name of Person		
		River Oaks Orchard			
	•		Firm Company		
		6187 N Tropical Trail			
			Address		
Merritt Island, FL 32953					
			City/State and Zip Code		
		riveroaksorchard@gmail.co			
			a be used for future annual report notification)		
For furthe	r information c	oncerning this matter, please ca	dl:		
Edward W	V Connor		224 580-6714 at ()		
<u>. </u>	Name o	f Person	Area Code Daytime Telephone	Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	O Filing Fee	☐ \$30.00 Fifing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50,00 Filing Fee, Pertificate of Status & Pertified Copy additional copy is enclosed	
	Mailing Addres		Street Address: Registration Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVER OCHS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	onpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on August 09, 2021	and assigned
Florida document number L21000357472		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
River Oaks Orchard LLC		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered off	ice address on our records, enter the na	me of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		2021
	Enter Florida street address	
	, Florida ,	- · ·
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	

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.

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>	Name	<u>Address</u>	Type of Action
			□Remove
			□Add
			
			☐ Change
			CAdd
			CIRemove
			□ Change
			□Add
			Remove
			Ll Change
			L'Add
			□Remove
			Change
			□Remove

Effective date, if other than the date of filing: (Optional) (Op						<u> </u>		
Effective date, if other than the date of filing:	_	447					.	·
Effective date, if other than the date of filing:	_						 	
Effective date, if other than the date of filing:				··············-	·			
Effective date, if other than the date of filing:	•							
Effective date, if other than the date of filing:	•							
Effective date, if other than the date of filing:								
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ord is filed.	•		-	***		p. *		
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Dated August 10 2021 August 10 Connec Signature of a member or authorized representative of a member	ord is t	filed.						
idland W Courses Signature of a member or authorized representative of a member	Date	August 10		2021				
Signature of a member or authorized representative of a member	1,71166	duar	d W Com	nin				
			Signature of	a member or ailth	orized representati	ve 61 a member		