## 121000460799

(Re	questor's Name)	
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22 JAB - 5 PH 3: 33

T. MATTHEWS JAN 19 2022

## **COVER LETTER**

	ision of Corp			,
SUBJECT:	Riberia	Outpost, LLC		
o o o o o o o o o o o o o o o o o o o		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		James St. George		
			Name of Person	· · · · · · ·
		<del></del>	Firm/Company	
		8767 Perimeter Park I		
			Address	
		Jacksonville, FL 3221		
			City/State and Zip Code	
		stgeorgemd@stjohns	Svein.com to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please co	·	
Tuisdie Fi			at ( <u>800</u> ) <u>375-2453</u>	_
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
<b>XX</b> \$25.00 F	iling 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION , . .

22 JUN -6 PH 3: 33

Riberia Outpost, 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 Compar	ny were filed on Oct	ober 22, 2021	and assigned
Florida document number L21000460799			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the des	signation "LLC" or the abbi	reviation "L.L.C."
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)		<u>.</u>	
		<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		our records, <u>enter t</u>	ie name of the new
· . <del> </del>			
New Registered Office Address:	Enter Florid	la street address	
		. Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of n is provided for in Cl	ny duties, and I am fa hapter 605, F.S. Or, ij	miliar with and Tthis document is
16.63	hanging Posistared Ago	ont Signature of New Regi	stored 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
MGR	JAX IVC REAL ESTATE HOLDINGS, LLC		
		8767 PERIMETER PARK BLVD, 8767 JACKSONVILLE, FL 32216 UN	XXRemove
			Change
<u>AP</u>	ST. GEORGE, JAMES		
		8767 PERIMETER PARK BLVD, 8767 JACKSONVILLE, FL 32216 UN	<b>XX</b> Remove
			🖸 Change
AMBR	Lucy's House of Cats, LLC	200 W. 34th Ave. #977 Anchorage, AK 99503	<b>X</b> Add
			□ Remove
			Change
		<del></del>	🗆 Add
			_□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			_□ Remove
			_□ Change

	ling åný other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
Monting	Adata if other than the date of filing.
ote: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier of the day after the record is filed.
ated	12-3-21
	livi /
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00