L22000505188

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO:	Registration Se Division of Cor		4	•	
SUBJE		Market and Design, LLC			
30002		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Kathryn Jones			
			Name of Person		
			Firm/Company		
		66 Footbridge Road			
			Address		
		Saint Johns, FL 32259		2023 NOV	
		katiecj14@gmail.com	City/State and Zip Code	Nov -	* 17 ***
For fur	ther information c	E-mail address: (to be used for future annual report notifica	tion) 8	100
		oncerning this matter, please co		13:1 EFL	€,
Kathry	n Jones		706 905-9538 at ()		
	Name o	f Person	Area Code Daytime T	elephone Number	
Enclose	ed is a check for th	he following amount:			
□ \$2:	5.00 Filing 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 Addres		<u>Street Address:</u> Registration Secti	on.	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riverhouse Market and Design, 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 Company were filed on 11/30/23 _ and assigned Florida document number L22000505188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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
Ms. Kathryn C. Jones		66 Footbridge Road	
		St Johns, Florida 32259	≣Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
			Remove
			Change HOV
			(A)
			Regnove Change
			
			□Remove
			□Add
		-	□Remove
			□ Change

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ffective date, if other tha	n the date of fili	ing: 11/5/2023			(optional)		
an effective date is listed, the date inserted in the	te must be specific a	ind cannot be pri	or to date of filing icable statutory	or more than 90 day	s after filing.) Pu	rsuant to 60 I not be lis	05.020 ⁻ sted as
ocument's effective date on	the Department of	f State's record	ls.	.	•		
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record specifies a delayed ef d is filed.	fective date, but n	ot an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90	th day aft	ter the
November 5th		2023	<u>_</u> .				
Dated	<u> </u>		1				

Filing Fee: \$25.00

Typed or printed name of signee