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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Registration So Division of Con			
	FB Investments, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Finn Maitland		
		Name of Person	
	Riverside FB Investmen	ts, LLC	
		Firm/Company	
	173 Shallons Drive		
		Address	.
	Greensville, SC 29609		
		City/State and Zip Code	
	finn@riversidereservices		77
For further information of	oncerning this matter, please c	to be used for future annual report noti all:	neation)
Finn Maitland		978 806-6150	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Registration S		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riverside FB Investments, LLC	ted Liability Company as	it now appears on our reco- ty Company)	rds.)	
\ <u>\</u>	(A Florida Limited Liabili	ty Company)	 '	
The Articles of Organization for this Limited L	liability Company were	filed on 01/09/2023	and assigne	d
Florida document number L23000009674	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli		,		
• •				
(Principal office address MUST BE A STREE	<u> </u>			
				
			Z4S	
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)			•
Intuining dadarcos harra Burra Guarda and			SSC TO	-
			<u> </u>	-
B. If amending the registered agent and/or	rogistered office addr	ess on our records ente	er the name of the new red	zisterec
agent and/or the new registered office addre			- Π ω	
			. ,	
Name of New Registered Agent:	Chami, Blake R.			
New Registered Office Address:	1713 17th Ct.			
		Enter Florida street addr	ess	
	Jupiter	. 1	Florida <u>33477</u>	
		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.

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
AMBRM(MALASKY, MAX	1713 17th Ct.	□Add
		Jupiter, FL 33477	□Remove
		<u></u>	■Change
			□Add
			□Remove
			□Change
			□Add
			Пстоус
			☐Change
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			□Remove
			□Change
			□Add
			Remove
			Change

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Note: If the	ate, if other than the date of filing:
e record spe rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1 2024
Jaieu	7im Woitland
	Signature of a member or authorized representative of a member
_	
- F	Finn Maitland