

L23000141763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

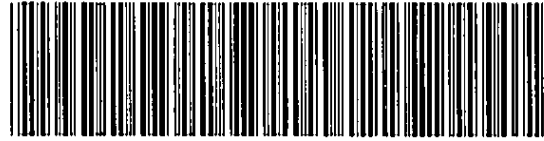
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100410716541

FILED
2023 JUN 23 PM 12:31
STATE
TALLAHASSEE, FL

RECEIVED
2023 JUN 22 AM 10:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309.
(850) 524-5437
(850) 524-6243

Please use funds from account: I20210000160: 25.00

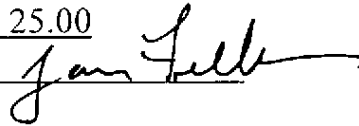
Authorization Signature: _____

River Run Davie LLC

L23000141763

Business

DOC#



____ Certified Copy

____ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Officer/Director
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ **CORP**
- ☐ **LLLP**

AMENDMENTS

- ☒ **Amendment**
- ☐ Resignation of R.A. or member
- ☐ Dissolution
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ **Conversion**
- ☐ **Amended and restated Articles**
- ☐ **Statement of Correction**

OTHER FILINGS

- ☐ **Trademark**
- ☐ Annual Report
- ☐ Fictitious Name
- ☐ **APOSTILLE**

COUNTRY

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVER RUN DAVIE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia E Reyes

Name of Person

CBS Financial CPA PA

Firm/Company

6075 W Commercial Blvd

Address

Tamarac, FL 33319

City/State and Zip Code

claudia@cbsfinancialcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Reyes

954

724-4141

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: RIVER RUN DAVIE LLC
Ref. Number: L23000141763

We received your online transmitted document. However, the document has not been filed for the following:

Signature must be legal name.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 723A00014248



2023 JUN 23 PM 2:00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RIVER RUN DAVIE LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

2023 JUN 23 PM 12:31

The Articles of Organization for this Limited Liability Company were filed on 03/18/2023
Florida document number L23000141763

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

_____, Florida
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles McKane	16385 Biscayne Blvd #2504	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIVER RUN HOLDINGS INC	251 Little Falls Drive	<input type="checkbox"/> Add
		Wilmington, DE 19808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2023 APR 23 PM 12:31
CLERK OF STATE
TALLAHASSEE, FL

FILED
2023 JUN 23 PM 12:31
CLERK OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.

Dated June 21 2023

Charles McKane
Signature of a member or authorized representative of a member

Charles McKane

Typed or printed name of signee

Filing Fee: \$25.00