Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

JEmail Address:

*#Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2920 RIVIERA DRIVE, LLC

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ARTICLES OF AMENDMENT TO: ARTICLES OF ORGANIZATION OF

2920 RIVIERA DRIVE, LLC

(\$1Fix			
(Name of the Limited I	lability Company as it now appe lorida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _	05/25/2023	and assigned
Florida document number	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company l	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 A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.			
DESMINIS MUNICIPALITY DE ATOST OTTICE DO	<u> </u>		
Training Madrica Plat DE ATOST OFFICE BO.	<u> </u>		
B. If amending the registered agent and/or regis	tered office address on our		
B. If amending the registered agent and/or regis	tered office address on our		me of the new registere
B. If amending the registered agent and/or regis	tered office address on our	records, enter the na	
B. If amending the registered agent and/or registate and/or the new registered office address he Name of New Registered Agent:	etered office address on our ere:	records, enter the na	me of the new registere
B. If amending the registered agent and/or registered affice address he	stered office address on our ere:	records, enter the na	me of the new registere
B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent:	stered office address on our ere:	records, <u>enter the na</u>	me of the new registere
B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent:	stered office address on our ere:	records, enter the nai	me of the new registere
B. If amending the registered agent and/or registate and/or the new registered office address he Name of New Registered Agent:	etered office address on our ere: Enter Fl.	records, enter the nai	me of the new registere
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:	stered office address on our ere:	records, enter the nai	me of the new reg

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>	Type of Action
MGR	Scott Ahrens	2916 Riviera Drive, Key West, FL 33040	□Add
			□ Remove
			🎖 Change
			□Ađd
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
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			□Change
			□Add
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing:
the record secord is filed	pecifies 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	June 26th
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Ashley Perkins, Attorney-in-Fact
	Typed or printed name of signee

Filing Fee: \$25.00