

L23000308757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

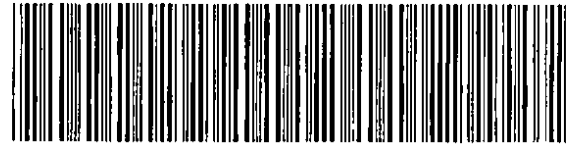
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2023 JUL -6 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT

AUG 12 2023



June 30, 2023

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: AMEND ARTICLES OF ORGANIZATION
RIVERPOINTE PRESERVE, LLC
L23000308757

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DIVISION OF STATE
TALLAHASSEE, FL

To Whom It May Concern,

Attached is our payment and paperwork to Amend the Articles of Organization for Riverpointe Preserve, LLC L2300308757. My daytime telephone number is 561-994-3434 and the return address is c/o Sobel Co., 2385 NW Executive Center Drive, Suite 370, Boca Raton, FL 33431.

If you have any questions please contact me as soon as possible.

Thank you,

Carol DeMare

Enclosures

2385 NW
Executive Center Dr
Suite 370

Boca Raton
Florida 33431

telephone
561 994 3434

facsimile
561 994 3430

web
sobelco.com

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **RIVERPOINTE PRESERVE, 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:

Carol DeMare

Name of Person

Sobel Co.

Firm/Company

2385 NW Executive Center Drive, Suite 370

Address

Boca Raton, FL 33431

City/State and Zip Code

cdemare@sobelco.com

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

For further information concerning this matter, please call:

Carol DeMare

561 994-3434
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FL

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

RIVERPOINTE PRESERVE, 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 June 27, 2023 and assigned
Florida document number L23000308757.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RIVER POINTE PRESERVE, LLC (space added between "River" and "Pointe")

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)

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TALLAHASSEE, FL

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

City

Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 JUL -5 PM 3:05
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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 29, 2023

Carole DeMaere

Signature of a member or authorized representative of a member

Carol DeMare

Typed or printed name of signee

Filing Fee: \$25.00