623000389624

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (183,833) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| |
| Certified Copies Certificates of Status |
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| Special instructions to Filing Officer: |
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Office Use Only



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in muni Cle/cl/21 FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| AUTHORIZATION SIGNATURE: Riverwalk Equity MGMT, LLC | L230000389624 () | |
|---|--|--|
| BUSINESS (Name) | Document # | |
| Walk in | Pick up time | |
| Mail out | Will wait | |
| Photocopy | : | |
| Certified Copy | | |
| Certificate of Status | | |
| <u>NEW FILINGS</u> | <u>AMMENDMENTS</u> | |
| Profit Not for Profit Limited Liability Domestication CORP LLLP | _X_ AmendmentResignation of Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger | |
| INC INC | Conversion | |
| OTHER FILINGS | REGISTERATION/QUALIFICATIONS | |
| Annual Report | Foreign Filing Limited Partnership | |
| Fictitious Name | Dissolution/_Reinstatement/Revocation Trademark | |
| | | |
| APOSTIL () Country | Other | |

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

| | LK EQUITY MGMT, LLC | | | |
|-------------------------------|--|---|---|------------------|
| SUBJECT: | Name of Lin | nited Liability Company | | |
| | Amendment and fee(s) are sub | _ | | |
| | Bethany LaFlam | | | |
| | | Name of Person | | |
| | PLG LP | | | |
| | - | Firm/Company | | • |
| | 1810 S. El Camino Real, S | Suite E | | |
| | | Address | | |
| | San Clemente, CA 92672 | | | : |
| | | City/State and Zip Code | | \mathbb{C}^{-} |
| | plg-ra@plglp.com; ryan@7 | reins.com to be used for future annual report not | 1 · 1 | iù |
| For further information of | oncerning this matter, please c | · | incation) | |
| Bethany LaFlam | oncerning this matter, prease c | 310 307,6060 | | |
| Name o | f Person | at () Area Code Daytin | ne 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 Statu Certified Copy (additional copy is encle | |
| Mailing Addres Registration S | <u>s:</u> Section | Street Address: Registration Se | ction | |
| Division of C | | Division of Co | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RIVERWALI | K EQUITY MGMT, LLC | |
|---|--|---|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records. ted Liability Company) | |
| ne Articles of Organization for this Limited Liability Comp | any were filed on08/18/2023 | and assigned |
| orida document numberL23000389624 | | |
| nis amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited l | liability company here: | |
| e new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" (| or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | · |
| rincipal office address MUST BE A STREET ADDRESS | 2 | · |
| | | |
| | | |
| ter new mailing address, if applicable: | | _ 2 |
| Tailing address MAY BE A POST OFFICE BOX) | | - · · |
| | | . · · · · · · · · · · · · · · · · · · · |
| | | · · · · · · · · · · · · · · · · · · · |
| If amending the registered agent and/or registered offi ent and/or the new registered office address here: | ce address on our records, enter th | e name of the new registe |
| ent and/or the new registered office address here. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | |
| | 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> | Address | Type of Action |
|--------------|----------------|--|------------------|
| MGR | Tyler Deveraux | 529 E Crown Point, Ste 230 Ocoee, FL 34761 | 🗃 Add |
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| If the date inserted in this b | ist be specific and cannot be prior to date of | (optional) Tiling or more than 90 days after filing.) Pursuant to 605. utory filing requirements, this date will not be liste |
| ord specifies a delayed effecti filed. | ve date, but not an effective time, at 12 | 2:01 a.m. on the earlier of: (b) The 90th day after |
| d June 4 | . 2024 | |
| | Min | |
| | 1.00 | |

Filing Fee: \$25.00