

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| ertified Copies Certificates of Status  |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



500425596385

ine 03/15/24 -01011--001 \*\*25.00

2024 11 15 PN 3:50

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RIVERSTONE TAMPA, LLC   |   |  |  |
|---|---|--|--|
| ( <u>Name of the Limited Liability</u><br>(A Florida I.   | Company as it now appears on our records.) Limited Liability Company) |  |  |
| the Articles of Organization for this Limited Liability Company were filed on January 10, 2024                |   | and assigned                           |  |
| Florida document number L24000024245  |   |  |  |
| This amendment is submitted to amend the following:   |   |  |  |
| A. If amending name, enter the new name of the limite   | ed liability company here:  |  |  |
| The new name must be distinguishable and contain the words "Limite  | ed Liability Company," the designation "LLC" or th                    |  |  |
| Enter new principal offices address, if applicable:   |   | 2021                                   |  |
| Principal office address MUST BE A STREET ADDRE   | (22)  | —————————————————————————————————————— |  |
| The purity of the dual case in cost be 11 STREET TREET  |   | - ·                                    |  |
|   |   | <del> 121</del>                        |  |
|   |   | 콩 ::                                   |  |
| Enter new mailing address, if applicable:   | <del></del>   | <del></del>                            |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <u></u>                                |  |
|   | <del></del>   |  |  |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, <u>enter the n</u>                     | ame of the new registe                 |  |
|   |   |  |  |
| 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 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          | VAN W MARTIN | 1111 Michigan Avenue, Suite #300 |                |
|              |              | East Lansing, MI. 48823 US       | ■Remove        |
|              |              |                                  | □Change        |
|              |              |                                  | 🗆 Add          |
|              |              |                                  | □Remove        |
|              |              |                                  |                |
|              |              |                                  | □Add           |
|              |              |                                  | □Remove        |
|              |              |                                  | Change         |
|              |              | □Add                             |                |
|              |              | □Remove                          |                |
|              |              |                                  | □Change        |
|              |              |                                  |                |
|              |              | Remove                           |                |
|              |              |                                  | Change         |
|              |              |                                  | 🗆 Add          |
|              |              |                                  | □Remove        |
|              |              |                                  | □Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 March 14 2024 Signature of a member or authorized representative of a member Matthew L. Grabinski, Authorized Rep. Typed or printed name of signee

Filing Fee: \$25.00