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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•			
192 River I SUBJECT:	LLC	·			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Heath Habermann				
		Name of Person			
	192 River LLC				
		Firm/Company	···		
	204 River Drive				
		Address	<del></del>		
	Tequesta, FL 33469				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	andy@novaconfl.com				
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	all:			
Heath Habermann		561 267-5620			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

192 River LLC

2025 JUL - 2 AM 11: 41

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) in the second of The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/24/2025}{}$ Florida document number L25000094596 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 \_\_\_\_\_ Zip Code City

## 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>	Name	Address	Type of Action
AMBR	Kimberley Habermann		🗀 Add
Reques MGR to	t to change Kimberley from AMBR.		□ Remove
		204 River Drive, Tequesta, FL 33469	<b>■</b> Change
	<del></del>		□Add
			□Remove
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			□Remove
			□Change
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		<del></del>	□Remove
			□Change
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			□Remove
			Change
<u>.</u>			□Add
			□Remove
			Change

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		Signature of	a member or au	inorized represe	miative of a membe	er		

Filing Fee: \$25.00