

.

(Request	or's Name)	
(Address)	
(Address)	
(City/Stat	e/Zip/Phone #)
] WAIT	MAIL
(Busines	s Entity Name)
(Document Number)		
Certified Copies	Certificates of	f Status
Special Instructions to Filing	Officer:	

Office Use Only



07/31/19--01017--001 *+35.00





COVER LETTER

FO: Amendment Section Division of Corporations

:

NAME OF CORPORATION: Riley Land Holdings Constructions Document NUMBER: P190000 32124

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Riley
Name of Contact Polson
Riley Land Holdings Carp Firmy Company
Firm/ Company J
8920 Sunset Blud
Address
Orlando, FZ 32836
City/ State and Zip Code
bobr Orileycorp.com

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

For further information concerning this matter, please call:

Shawn Ciley at (407, 709-1671 Name of Contact Persont Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

💢 - \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status ■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ■\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of A to				
	Articles of In- of	•			
Miley Land Ho (Name of Cou	Idings C	erp. Ly filed with the Florida I	Dept. of State)		
P1000032124			^		
	(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporatio	<i>m</i> adopts the followin	ig amendm	ient(s) to
A. If amending name, enter the new name o	f the corporation:				
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc." or "	Co". A professional cor			
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST_BE A STREE</u>					
C. <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFFI</u>			IALLAH.	SECIT S	<u> </u>
D. If amending the registered agent and/or in new registered agent and/or the new registered agent age			name of the	PH 3:5	
<u>Name of New Registered Agent</u>				-	
<u></u>	(Florida sn	reet address)		_	
<u>New Registered Office Address:</u>			, Florida		
		(City)	(Zip	Coder	
New Registered Agent's Signature, if changi	ny Registered Agent	:			
<i>Thereby accept the appointment as registered a</i>			tions of the position		

•

.

٠,

.

٩,

۰.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Anach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P = President, V = Vice President; T = Treasurer, S = Secretary; D = Director; $TR \vdash Trustee$; C = Chairman or Clerk; CLO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

.

Example: <u>X</u> Change	PT John	Doc	
<u>X</u> Remove	<u>V Mike</u>	Jones	
$\underline{\lambda}$ Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	PSTD	Robert Billey	8920 Sunset Brd.
<u> </u>			Citardo, FZ 32836.
Remove			
2) Change	PSTD	Marlene Kiley	8920 Sunset Blud. Carlando, FL 32836
	PSTD	Tera Diley	1800 Blackwood Are.
_ <u>X_</u> Add			Gistra, FL 34734
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			,

.

E. If amending or adding additional Articles, enter change(s) here:

......

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)

- ----

The date of each amendment(s) add	ption:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	(no more than 90 days after omendment tile	
	(no more than 90 days after amendment the	' 161(?)
Note: If the date inserted in this blo document's effective date on the Dep	bek does not meet the applicable statutory filing require arument of State's records.	ements, this date will not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was were suff	ted by the shareholders. The number of votes cast for the feient for approval.	ie amendment(s)
	oved by the shareholders through voting groups. The for ach voting group entitled to vote separately on the amer	
	n the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	ited by the board of directors without shareholder action ited by the incorporators without shareholder action and	
Dated 7-16	-19	
Signature	T-	
(By a di selected	ector, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, truste d fiduciary by that fiduciary)	
	Shaw J. Elea	
-	(Typed or printed name of person signing)	
	PSTD	
-	(Title of person signing)	

.

•