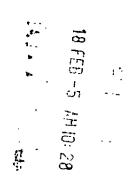
# 11400095002

Office Use Only



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# **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	ADPG	LLC	
00.50		Name of Limit	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
		Rai	cna Conzalez Name of Person	
		350	G LLC Firm/Company	<del></del>
			Red Bull Cd	
			City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
For fur	ther information co	ncerning this matter, please cal	11:	
Ra	vana Con Name of	Person	at (813) 528 · ( Area Code Daytime	0352 Telephone Number
Enclos	ed is a check for the	following amount:		
<b>þ</b> \$2	5.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDPG LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11400095000	were filed on June 11, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	3738 Red Bluff Ct.
(Principal office address MUST BE A STREET ADDRESS)	Land O' Lakes F1 34639
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3738 Red Bluff Ct. Land O'Laker Fr 34639
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	Cuy 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
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fecti	ve date, if other than the date of filing:
ın effe ote:	ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
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e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
е гес	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
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e rec The	90th day after the record is filed.  February -2, 1018.
e rec The	90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00