L14000133212

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name)	
(Doce	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	

Office Use Only



200264877262

10/30/14--01013--001 **25.00

RECEIVED
14 OCT 30 AB 9: 13
INVISION OF CORPORATIONS

14 OCT 30 AM 8: 06
SECRETARY OF STATE
SECRETARY OF STATE

OCT 3 1 2014
T. HAMPTON

)	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-166
	WALK IN
	PICK UP: $\frac{ 0/29 }{ 0/29 }$
	CERTIFIED COPY
K	РНОТОСОРУ
	CUS
A	FILING LLC amendment
•	Radea Property LLC (CORPORATE NAME AND DOCUMENT #)
	(CORPORATE NAME AND DOCUMENT #)
	(CORPORATE NAME AND DOCUMENT #)
	(CORPORATE NAME AND DOCUMENT #)
	(CORPORATE NAME AND DOCUMENT #)

1.

2.

3.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RADEA PROPERTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company were filed on AUGUST 25, 2	2014 Day assigned
Florida document number L14000133218		GR S T
This amendment is submitted to amend the follow	ving:	TARY TARY
A. If amending name, enter the new name of	he limited liability company here:	FF F
N/A		FLO STA
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC"	or the abbreviation 74.L.CO
Enter new principal offices address, if applical	ble: N/A	>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	N/A	
Indianag undress MAT BE A FOST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, ce address here:	enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Address **Title** <u>Name</u> **ROBERTO COHEN** C/O 301 W. HALLANDALE BCH. BLVD. **MGR** HALLANDALE BCH, FL 33009 ☐ Remove C/O 301 W. HALLANDALE BCH. BLVD. MGR **EITHAN GRUSZKA** HALLANDALE BCH., FL 33009 □ Remove ☐ Add □ Remove

☐ Add

☐ Remove

If amending any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	de more than 90 days after
Dated OCTOBER 29,	
Feli alans	
Signature of a member or authorized representative	e of a member
LESLIE ALAN ROZENCWIAG, ESQ.	/
Typed or printed name of signee	······································

Page 3 of 3

Filing Fee: \$25.00

