L04000005162

(Re	questor's Name)	-
(Ad	dress)	
54)	dress)	
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(Cit	y/State/Zip/Phone	⇒ #)
· PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

	gistration Section vision of Corporations	
SUBJECT:	RADIUS FINANCIAL SERVICES, LLC	
JODGE II	(Name of Limited Liability Company)	
	d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following:	
	COPPOLA, ANTHONY	
	(Name of Person)	
	RADIUS FINANCIAL SERVICES, LLC	<u> </u>
	(Firm/Company)	
	110 E ATLANTIC AVE SUITE 420	TALLAH
•	(Address)	RISI PE
	DELRAY BEACH FL 33444	사 글 다
	(City/State and Zip Code)	PPK 8: 50
For further in	nformation concerning this matter, please call:	>
co		23-4879
	(Name of Person) (Area Code &	Daytime Telephone Number)
Enclosed is a	check for the following amount:	
□ \$25.00 Fifi	ing Fee \$\ \mathbf{g}\$ \$30.00 Filing Fee &	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RADIUS FINANCIAL SERVICES, LLC

	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 01/20/2004 and assigned document number L04000005162		
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by liability company:	the limited	
	PLEASE CHANGE THE FOLLOWING: PRINCIPAL ADDRESS & MAILING ADDRESS TO : 110 E ATLANTIC AVE SUITE 420, DELRAY BEACH FL 33444		
	Registered Agent TO: COPPOLA, ANTHONY AT 110 E ATLANTIC AVE SUITE 420, DELRAY BEACH FL 3344	4	
	Manager/Member Detail ADDRESS TO: 110 E ATLANTIC AVE SUITE 420, DELRAY BEACH FL 33444		
	TALLAIL AND THE STATE OF THE ST	FILED SECTION 151 ST	
Dated MAR	RCH 1 , 2005	5	
	algue / Show		
	Signature of a member or authorized representative of a member	_	•
	COPPOLA, ANTHONY / SHAD T HAYNES		
I i co an Cr ad	Typed or printed name of signee hereby accept the appointment as registered agent and agree to act in this capacity omply with the provisions of all statutes relative to the proper and complete perform ad I am familiar with and accept the obligations of my position as registered agent hapter 608, F.S. Or, if this document is being filed to merely reflect a change in the lidress. I hereby confirm that the limited liability company has been notified in writi Filing Fee: \$25.00	I further agree tance of my duties as provided for in registered officeing of this change.	to