

Lo 70000 73610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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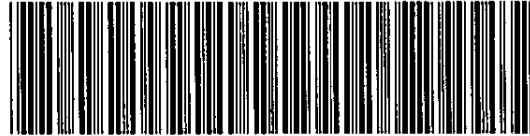
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 10 2015

T. HAMPTON



CLARK, CAMPBELL,  
LANCASTER & MUNSON, P.A.

JUSTIN P. CALLAHAM, LL.M.

Associate

[jcallaham@clarkcampbell-law.com](mailto:jcallaham@clarkcampbell-law.com)

KEVIN R. ALBAUM  
JUSTIN P. CALLAHAM, LL.M.  
TIMOTHY F. CAMPBELL <sup>1,3</sup>  
RONALD L. CLARK <sup>1</sup>  
JOSEPH A. GEARY  
KYLE H. JENSEN  
JOHN J. LANCASTER, LL.M. <sup>2</sup>  
PETER J. MUNSON  
RALPH H. SCHOFIELD, JR.  
ANTHONY A. VELARDI  
MICHAEL E. WORKMAN <sup>1</sup>

BOARD CERTIFICATIONS  
1 Real Estate  
2 Tax Law  
3 City, County & Local Government

July 7, 2015

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: RDAM Clark Holding Company, LLC

Dear Sir or Madam:

Enclosed for filing regarding the above-referenced matter are the following documents:

1. Articles of Amendment; and
2. Check # 46962 in the amount of \$25.00

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Justin P. Callaham', written over a horizontal line.

Justin P. Callaham

JPC/mms  
Enclosures as noted

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RDA Clark Holding Company, LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**Justin P. Callaham**

Name of Person

**Clark, Campbell, Lancaster & Munson, P.A.**

Firm/Company

**500 South Florida Avenue, Suite 800**

Address

**Lakeland, Florida 33801**

City/State and Zip Code

**jcallaham@clarkcampbell-law.com**

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

For further information concerning this matter, please call:

**Justin P. Callaham**

Name of Person

**863 647-5337**

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

RDAM Clark Holding Company, 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 Liability Company were filed on 07/17/2007 and assigned

Florida document number L07000073610.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

n/a

**(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:

n/a

New Registered Office Address:

Enter Florida street address

, Florida

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**

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Ronald L. Clark</u>	<u>500 South Florida Avenue, Suite 800</u>	<input type="checkbox"/> Add
		<u>Lakeland, Florida 33801</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Ronald L. Clark</u>	<u>500 South Florida Avenue, Suite 800</u>	<input checked="" type="checkbox"/> Add
		<u>Lakeland, Florida 33801</u>	<input type="checkbox"/> Remove
<u>T</u>	<u>Matthew R. Clark</u>	<u>100 South Kentucky Avenue, Suite 290</u>	<input type="checkbox"/> Add
		<u>Lakeland, Florida 33801</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Matthew R. Clark</u>	<u>100 South Kentucky Avenue, Suite 290</u>	<input checked="" type="checkbox"/> Add
		<u>Lakeland, Florida 33801</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Thomas F. Anderson</u>	<u>100 South Kentucky Avenue, Suite 290</u>	<input checked="" type="checkbox"/> Add
		<u>Lakeland, Florida 33801</u>	<input type="checkbox"/> Remove

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☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

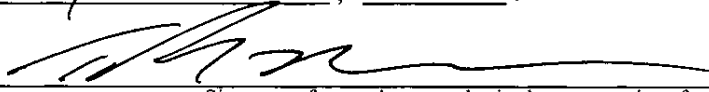
n/a.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

July 7, 2015



Signature of a member or authorized representative of a member

Thomas F. Anderson, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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