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EXAMINER

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COVER LETTER

Division of Co				
SUBJECT:	RAdigm RE (Name of Limi	SALESTATE SOR	vice, LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Richard	H. Eass !!	<u> </u>	
	Loads As	Set Managema, (Firm/Company)	A, LCC	
	2600 NOV.	M Military TRA (Address)	1/4 235	
	forca Kad	(City/State and Zip Code)	2009 FEB	anor s
For further information of	concerning this matter, please ca	all:		parent Parent Parent
K Chara	of Person)	at (<u>561) 912 - 32</u> (Area Code & Daytime To	20 / FF 3: clephone Number Fr 25	Separate State of the State of
Enclosed is a check for t				
\$25.00 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	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAdiam Ro	2al Estato	Services LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number 4070008777	ompany were filed on 8	27/07 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit for the new name must be distinguishable and end with the work L.L.C."	1,4C	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		20	
Principal office address MUST BE A STREET ADDR	ESS)		
		SEC B PROPERTY OF THE PROPERTY	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		이 다.	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
•	· (Enter Florida street address)		
	(City)	, Florida(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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma $MGRM = N$	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
:			Add ☐ Remove
•			
			Add Remove
	·		Add
			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
	·		- .
			
			
Dated FQ	bruary 13 20	209 Edillo	
	LICHAIG Typed	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00