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COVER LETTER

CHD IPPT.	RAMAR M	OBILE HOME PARK, L.L.C	•		
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	all correspon	dence concerning this matter	to the following:		
		Harlan L. Paul, Esquire			
		Paul, Elkind, Branz & Kelt	Name of Person on, P.A.		
		142 E. New York Avenue	Firm/Company		
		DeLand, Ft. 32720	Address		
		hpaul@paulandelkind.com	City/State and Zip Cod	le	
		E-mail address: ()	to be used for future annua	al report notification)
For further inf	formation co	acerning this matter, please ca	all:		
Ledia Shams			386	734-3020	
	Name of	Person	at () Area Code	Daytime Telep	hone Number
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

RAMAR MOBILE HOME PARK, L.L.C.

(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L. Florida document number	iability Company	were filed on	and assigne
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited ljab	oili <u>ty company here</u> :	
RJD Financial Holding, LLC			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> BOX)</u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	_		terathe name of the
			77 gr (T
New Registered Office Address:		Enter Florida street address , Florida	- 17
		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 wit 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 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 beir or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
N/A			
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			SS DERemove
			Change
			Remove
			Change
			Remove
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f ameriding any other information, enter change(s) here: (Attach add N/A	_	_
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) or more than 90 days after filing.) Pursuant to	605.0207
Note: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be	listed as
document's effective date on the Department of State's records.		
of the but as an officer	ive time at 12:01 a.m. on the ea	arlier of
the record specifies a delayed effective date, but not an effect) The 90th day after the record is filed.	ive time, at 12.01 a.m. on the of	
,		
Dated 6-3 70/9		
Signature of a prepriber or authorized represer	tanve of a member	-
Signature of a regime of a uniquized represent		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00