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SECRETARY OF STATE
TALLAHASSEELET ORTS

EILED

B. BOSTICK
JUN 2 0 2013
EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo						
SUBJECT:	RD Mason	RY, LLC				
	Name of Limit	ed Liability Company				
The enclosed Articles of A	mendment and fee(s) are subi	nitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
	Josef	Bucher				
		Name of Person				
	RD Mas	onry, LLC				
		Firm/Company				
	4745 SUT-	ton Park Ct ste	805			
		Address				
	Jackson	VIIIe, FL 32224				
		City/State and Zip Code rd of florida. Com		SECE	2013 JUN 19	-71
	E-mail address: (to	o be used for future annual report notification	on)	S	=	tanta.e.
For further information con	ncerning this matter, please ca	all:		SET O		
Thomas	Bucher	at 904, 759-190) 8	- F	64 :01 MY	
Name of	Person	Area Code & Daytime Tel	ephone Number	RIO.	9:	
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filia Certificate Certified (additiona	e of Statu Copy		ed)

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

RD Masonry, L	LC		
(Name of the Limited Liability C (A Florida Lir	Company as it now appended Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document numberLD 7000 12 3 2 98		January, 108	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	<u>iere</u> :	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Com	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		20
		:. 3≥ ∀:	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		' '	9 7
		<u> </u>	<u>;</u>
		**************************************	- - - - - - - - - - - -
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		n our records, enter the	e name of the new
registered agent and/or the new registered office addre	<u>sss nere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	ess .
		, 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 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.

MGR = Mana MGRM = Ma	ger naging Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
Member	Josef Bucher	4745 Sutton Park Ct Ste 805	Add
		Jacksonville, FL 32224	Remove
			Add
			Remov
			Add
		—————————————————————————————————————	Remov
		ARE ARY C	2013 JUN [9]
		E STORY	Remov
			Add
			Remov
			Add
			L A

June	18		
		March	R. Brown

Page 3 of 3

Filing Fee: \$25.00

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