Florida Department of State

Division of Corporations Public Access System

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NOV 2 1 2008

EXAMINER

11/20/2008

COVER LETTER

TO: Registration Se Division of Cor		,			
SUBJECT: RDM R	EALTOR, L.L.C.	·		8	
(Name of Limited Liability Company)					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	WILLIAM M. KARNEY, I	ESQUIRE			
		(Name of Person)			
MORAITIS, COFAR, KARNEY & MORAITIS					
		(Firm/Company)			
•	915 MIDDLE RIVER DR	IVE, SUITE 506			
		(Address)			
		(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·		
For further information ed	oncerning this matter, please c	all:			
				題星世	
CATHERINE MIETHE		at (954) 563-4163		超 20 尼	
(Name o	f Person)	(Area Code & Daytime I	Felephone Number)	FILED AN 8: 53	
Enclosed is a check for th	c following amount:			E STA	
☑ \$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 (additional copy is encl	7	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Prepared by William M. Karney Moraitis, Cofar, Karney & Moraitis 915 Middle River Drive Suite 506 Fort Lauderdale FL 33304 Audit Fax No.: H08000260669 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDM REALTOR, L.L.C.				
(Name of the Limited Liability Comp (A Plorida Limited	nny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L08000103480</u> .	ny were filed on NO	VEMBER 5, 2008	and assigned	·
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company be	<u>re</u> ;		
The new name must be distinguishable and end with the words "Lit".L.C."	mited Liability Comp	any," the designation "l	LLC" or the abbreviatio	n
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			No. 2	
(Mailing address MAY BE A POST OFFICE BOX)			PEC B	二型
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.	oiTice address on ere:	our records, <u>enter :</u>	the name of the new	E 6: 25
Name of New Registered Agent:			- हिल	(v)
New Registered Office Address:	(E	inter Florida street ad	dress)	
	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen				

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company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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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

MGR = Manager

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:

MGRM = I	Managing Member	·	
Title	<u>Name</u>	Address	Type of Action
MGRM	GEORGE COLONEY	1994 EAST SUNRISE BOULEVARD, UNIT 1 FORT LAUDERDALE, FLORIDA 33304	Add Remove
MGRM	RACHEL MUEHLENBROCK	1994 EAST SUNRISE BOULEVARD, UNIT 1 FORT LAUDERDALE, FLORIDA 33304	Add Remove
			Add Remove
			Add Remove
·			Add Remove
			Add S Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	Add Removed of STATE PLORIDA
 Dated	Welliam M. Ka	DOB.	
	Signature of a memb	oer or authorized representative of a member (, ESQUIRE	
		od or printed name of signer	

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Filing Fee: \$25.00

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