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(F	Requestor's Name)	
(A	ddress)	
(<i>f</i>	Address)	
(0	City/State/Zip/Phone #)	<u>-</u>
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	,
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TALL ANASSES, FLORIDA

SEP 21 2018 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Raadius, 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:
Brad DonoVán Name of Person
Ragdins LLC
Firm/Company
111 S. Atlantic Ave Ste. 204 Address
Ormand Beach Florida 32176 City/State and Zip Code Braldonovan 65 @ icloud, Comm. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brail Danavara at (865) 789-7251 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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 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

Raadius, Li	, C		TA: 18
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appears on our records.) lability Company)	SEP TI
The Articles of Organization for this Limited Lia Florida document number <u>L.Ø.S.O.O.1.06</u>	- ,	were filed on	and assigned
This amendment is submitted to amend the follow	wing:		1. 22 UMI:
A. If amending name, enter the new name of	the limited liabi	lity company here:	P
			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Brad Donovar 111 South atlantic"	ue -
(Principal office address MUST BE A STREET ADDRESS)			
		armond Beach, FL	32176
Enter new mailing address, if applicable:		Ill South Atlantic	Ave Ste 294
(Mailing address MAY BE A POST OFFICE BOX)		ormond Beach, Fl	32176
B. If amending the registered agent and/or registered agent and/or the new registered off	•		er the name of the new
Name of New Registered Agent:	Brad D) GN GU Q M	
New Registered Office Address:	III S. A.	Enter Florida street address	
		_	
	Ocolong	Beach, Florida	32176 2in Code
		~ <u>;</u>	say come

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

If aftending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Many 143 Partner	Brad Denovan	111 S. Atlantic Ale Ste 24 Ormand Beach, Fl 32176	DAdd
			🗖 Remove
			Change
Magazing Partiver	James Guardino		🗖 Add
Pett fiver		1426 Richel Drive Port Grange, Fl 32129	🛈 Rémove
			Change
			Remove!
			GAdd
			□ Remove
			□ Add
			□ Remove
			□ Change
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			Remove
			☐ Change

Ormand Beach, SI 32176	
Crmond Beach, 81 32176	
Supplemental Suppl	
	- FP
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	7: 22

Page 3 of 3

Filing Fee: \$25.00