

10000015244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

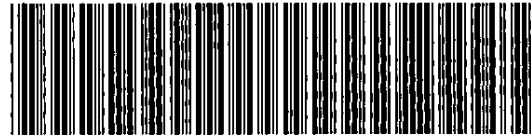
(Document Number)

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08/13/10--01008--005 **25.00

FILED
10 AUG 13 AM 9:03
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R.L. Family Holding and Trust, 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:

Ricky A. Lopez

Name of Person

RALDI Financial

Firm/Company

55 W. Church St. Suite 1605

Address

Orlando, Florida, 32801

City/State and Zip Code

rlopez@raldifinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricky A. Lopez

Name of Person

at (**407**)

580-4414

Area Code & Daytime Telephone Number

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 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**

R.L. Family Holding and Trust, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/09/2010 and assigned Florida document number L10000015244.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RALDI Asset Management LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

55 W. Church St.

Suite 1605

Orlando, Florida 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55 W. Church St.

Suite 1605

Orlando, Florida 32801

FILED
10 AUG 13 AM 9:03
TALLAHASSEE, FLORIDA
RECEIVED
CLERK OF THE COURT

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RALDI Financial LLC

New Registered Office Address:

55 W. Church St. Suite 1605

Enter Florida street address

Orlando

City

Florida

32801

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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager


MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ricky A. Lopez		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BALDI Financial LLC	55 W. Church St. Suite 1605 Orlando, FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN# 27-3194146

Dated 6th of August, 2010


Signature of a member or authorized representative of a member

Ricky A. Lopez
Typed or printed name of signee