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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	. WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO	Registration Se Division of Cor			
CIII	DIECT.	RJD Le	ase Holding, LLC	
SUI	BJECT:	Name of Limi	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	se return all correspo	ondence concerning this matter	to the following:	
			Joel Stein	
			Name of Person	
			Firm/Company	
			2700 NE 17th Street	
			Address	
			Fort Lauderdale, Florida 33305	
			City/State and Zip Code	
			ommdoc@aol.com	· · · ·
For	further information c	E-mail address: (to	to be used for future annual report notiful:	ication)
	Carrie 1		800 375-2453	
	Name o	of Person	Area Code Daytime	Telephone Number
Enc	losed is a check for the	he 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:

TO:

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**

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OF	ON 2016 OCT 17 PM 1:47
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	our records, enter the name of the
<u>here</u> :	
WELL STE	لنه
4109 N.F	EDRRAL HWY
Enter Florido	a street address
ET LAMERS	KLE Florida 33308
	d office address on of here: Liability Company," the desired Liability Company here Liability Company, the desired Liability Company here Liability Company, the desired Liability Company here.

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.

City

If Changing Registered Agent/Signature of New Registered Agent

Zip Code

If amending 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
MGR	Joel Stein	4109 N Federal Highway	
		Fort Lauderdale, FL 33308	Remove
			□ Change
MGR	Rosa Stein	4109 N Federal Highway	
		Fort Lauderdale, FL 33308	Remove
			Change
MGR	Alaka'i Management, LLC	1231 W Northern Lights Blvd #911	Add
		Anchorage, AK 99503	□ Remove
			Change
			Add Remove
			Change Change
			□ Remove
			Change
			Add
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Effective date, if	f other than the date of filing:(optional)	
Note: If the date:	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.	
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie y after the record is filed.	er of
Dated	10/1/16,	
	Signature of a member or authorized representative of a member	
	Joel Stein Member of Alaka'i Management, LLC Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00