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T. HAMPTON

JAN 2 I 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FARA day RT GRoup 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:		
Eugene Remy Name of Person		
HARADAY RTGROUP LLC		
15800 Pines BLVd, STE 207		
Pembroke Pines F2-33027 City/State and Zip Code		
E-phil address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Eugene Remy at (301) 331-5962 Name of Person at (301) Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		

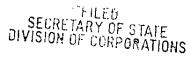
MAILING ADDRESS:

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



11 JAN 20 AM 11:24

The Articles of Organization for this Limited Liability Company were filed on 11/02/2010 and assigned Florida document number <u>L 100001/4225</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15600 Pines BLVD, STE207 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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 Title Name **Address** Type of Action ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) C Kemy Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed of printed name of signee