113000056425

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	
PICK-UP		MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300255286283

01/10/14--01027--017 **30.00

TALLAHASSEL FLÖRIÐA

2014 JAJ 10 PH 12: 50

B. BOSTICK

JAN 1 5 2014

FX 2 2 2 2 2 3

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ridk LLC.		_
	Name of Limited Liability Company	
The enclosed Articles of Amendment and	d fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Heatl	ner Binnie	
	Name of Person	_
Ridk	LLC.	
	Firm/Company	
2407	W. Conley Ave.	
	Address	_
Tamp	oa, FL 33611	F. 28
	City/State and Zip Code	2014 JAN 10 FALL / BASSI
	b@icloud.com	SS TO
	E-mail address: (to be used for future annual report notification)	
For further information concerning this r	natter, please call:	
David Binnie	813 _, 453-7222	j≟ . cn
Name of Person	Area Code Daytime Telephone Numb	er - O
Enclosed is a check for the following am	ount:	

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■\$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ridk LLC.				
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our rec a Limited Liability Company)	ords.)		
The Articles of Organization for this Limited Liability (Florida document number L1300056425	Company were filed on April 17, 2013	3	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	ignation "LLC	or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	<u>~</u>	26	
			<u></u>	
		(5)	; · · ·	
Enter new mailing address, if applicable:		Ś	0	
(Mailing address MAY BE A POST OFFICE BOX)			7	
		57	255	
		7.		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		s, enter the	name of	f the new
Name of New Registered Agent:				
New Registered Office Address:			<u>.</u>	
	Enter Florida street address			
	/	orida		
	City	Z	ip 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 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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action Heather Binnie 2407 W. Conley Ave. **AMBR** Tampa, FL 33611 **a** , , .

D. If a	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effe (If an ef	ive date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(1)
	anuary 5 2014
	(y/C
	Signature of member or authorized representative of a member Heather Binne Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

284 Jak 10 - FR 12: 50
FALL Alter SSF 1. 19 (8:12)