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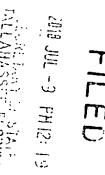
(K)	equestor's Name)	
	_	
(Ad	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Name)	
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(0	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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COVER LETTER

	Registration Sec Division of Corp			
enn re		CONSTRUCTION LLC		
SUBJEC	.1:	Name of Limi	ted Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	to the following:	
		MARCO REIS		
			Name of Person	
		USA TAX CORPORATIO	И	
			Firm/Company	
		591 E SAMPLE RD		
			Address	
		POMPANO BEACH - FLO	ORIDA 33064	
			City/State and Zip Code	
		USATAX@USATAXFL.C		
		E-mail address: ()	to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please co	ıll:	
MARCO	REIS		954 788-1818 at ()	
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

RHADIEX CONSTRUCTION LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 1.13000170160	d on 12/09/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
RHADIEX LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	ay," the designation "LLC" or the abbreviation "LLC."
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 addr	ress on our records, enter the name of the
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	12: 19
New Registered Office Address:	0
	Enter Florida street address
	. Florida

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	
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Effective date, if oth	er than the date of	07/03/2018 filing:	_	(optional)	
f an effective date is listed	 the date must be specified in this block does 	fic and cannot be prior to not meet the applicabl	date of filing or more than e statutory filing requi	i 90 days after filing.) rements, this date w	Pursuamt to 605.03 ill not be listed
ne record specifies The 90th day aft	a delayed effect er the record is f	ive date, but not a iled.	an effective time,	at 12:01 a.m. o	n the earlier
Dated		2018			
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			ed representative of a me	·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00