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CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

2014 AUG 11 PM 4:26

FILED

AUG 13 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBDALE PROPERTIES, 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:

RICHARD S DAVIS JR
Name of Person

RS DAVIS FINANCIAL
Firm/Company

1930 HARRISON ST. #202
Address

HOLLYWOOD, FL 33020
City/State and Zip Code

TAXMAN1040@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD DAVIS at 954,929-9506
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE FLORIDA
CLERK OF CIRCUIT COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROBDALE PROPERTIES, 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 07-07-2014 and assigned Florida document number L14000106601

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."

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:

Enter Florida street address

Florida

City

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 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	Address	Type of Action
AMBR	ROBERT SHOOD	5901 BRISTOL LANE DAVIE, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	LOREN HARPER	1200 NW 93 TER PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	MICHELLE HARPER	1200 NW 93 TER PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	ROBERT SHOOD	5901 BRISTOL LANE DAVIE, FL 33331	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
V	LOREN HARPER	1200 NW 93 TER PEMBROKE PINES, FL 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
V	LOREN HARPER	1200 NW 93 TER PEMBROKE PINES, FL 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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AUG 11
CLARK COUNTY
STATE OF FLORIDA

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

CHANGING MEMBER TITLES
FROM PRESIDENT, VICE PRESIDENT
TO AUTHORIZED MEMBER
ONLY

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

8/05/2014

Robert M. Shoop

Signature of a member or authorized representative of a member

ROBERT SHOOP

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
ALBANY, NEW YORK

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