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SECRETARY OF STALE
DIVISION OF COMPORATIONS

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COVER LETTER

TO:

	Registration Sec Division of Corp			
		oment Co. LLC		
SUBJEC	CT:	Name of Limit	ed Liability Company	
The encl	losed Articles of <i>i</i>	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		Joel V. Reitzer Jr.		
			Name of Person	
		R4 Development Co. LLC		
			Firm/Company	
		1365 Manucy Rd		
			Address	
		Fernandina Beach, Floire	da 32034	
			City/State and Zip Code	
		joelreitzer@r4developme		
			o be used for future annual report noti	nemon)
For furt	ther information c	oncerning this matter, please ea		
Joel V. Reitzer Jr.		904 607-3636 at ()		
	Name o	f Person	Ārea Code Daytim	ne Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$25	5.00 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 tadditional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R4 Development Co. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L14000188485 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 contain 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 City 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 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
AMBR	Judith L. Reitzer	1365 Manucy Rd.	Adg
		Fernandina Beach, FL 3203	☐ Remove
		.	Change
			Add
			☐ Remove
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Effective date, if other than the		31, 2018	((optional)	
Note: If the date inserted in this	block does not meet the	e applicable statutor	ng or more than 90 days ry filing requirements	after filing.) Pursuant to 6, this date will not be li	os.
document's effective date on the	Department of State's r	records.			
the record specifies a delaye	ed effective date I	out not an effec	tive time at 12:0)1 am on the ear	lie
The 90th day after the re			, 0: 12		
June 30	201	8			
Dated		•			
	Deev R.	<u>9</u>	ntative of a member		

Page 3 of 3

Filing Fee: \$25.00