U50000 71388

(Requestor's Name)	
(Address)	_
(Address)	_
(1881833)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
,	
(Document Number)	
Certified Copies Certificates of Status	_
Consideration to Elita Off	٦
Special Instructions to Filing Officer:	
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	Registration Se Division of Cor					
SUBJEC	RTD HOM	ES, LLC				
SOBJEC	'	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub indence concerning this matter	_			
		DAVID W. SOUTHWEL	I.			
			Name of Person		_	
	TRUST ADVISORS CORPORATION					
			Firm/Company			
	5781-B NW 151 STREET				_	
			Address		2016	
MIAMI LAKES, FL 33014					2019 HAR 26	孙田
	City/State and Zip Code AGENT@TRUSTADVISORSCORP.COM			26	THE STORY	
		E-mail address: (to be used for future annual report notif	fication)	名	רט רט
For furthe	er information c	oncerning this matter, please c	all:		2: 45	
DAVID	w. SOUTHWE	LL	305 822-8161		,, 01	
	Name o	f Person		Telephone Numbe	er .	
Enclosed	is a check for th	ne following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

RTD HOMES, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	04/23/2015	and assigned
Florida document number L15000071388			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5781-B NW 151	Street	
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, FL	33014	
•			2019
Enter new mailing address, if applicable:	5781-B NW 151	Street	BHAR 2
(Mailing address MAY BE A POST OFFICE BOX)	Miami Lakes, FL	33014	mo mo
	 .		X
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on e	our records, <u>en</u> t	ter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	linter Liberid	a street address	<u> </u>
	vruer v toria		
	City	, Florida	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 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
MGR	DAVID W. SOUTHWELL	5781-B NW 151 STREET	Add
		MIAMI LAKES, FL 33014	□ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			2019 BAR 26 Move Comover Comov
			Cladge 5 Add
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fective date, if other than the date of filing	g;		(optional)	
an effective date is listed, the date must be specific and ote: If the date inserted in this block does not m	neet the applicable	te of filing or more than statutory filing requir	90 days after filing.) Purs ements, this date will r	uant to 605,020 not be listed a
ocument's effective date on the Department of S	tate's records.			
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Typed or printed name of signee

Filing Fee: \$25.00