L15000114153

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(Ac	ddress)	_
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(Ad	ddress)	_
(Ci	ity/State/Zip/Phone #)	_
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PICK-UP	WAIT MAIL	
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(Bi	usiness Entity Name)	
(Do	ocument Number)	
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Certified Copies	Certificates of Status	-
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K. SALY SEP 2 5 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RAD IV, LLC			- -
			Art of Inc. File
		· · · · · · · · · · · · · · · · · · ·	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			✓ Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: BA	9/22/17		UCC 1 or 3 File
Name	9/22/17 Date	Time	UCC 11 Search
IVAILIC	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up	ı	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 SEP 22 AM 9: 03
ALLAHASSEE, FLORIG.

RAD IV, LLC $\frac{3LCRE}{ALLARIARYDD} = 0$
RAD IV, LLC RAD IV, 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 onJULY 1, 2015 and assigned
Florida document number L15000114153
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 ne registered agent and/or the new registered office address here:
Total and the new registered office address here.
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zin 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
AMBR	RYAN D. BEATY	85 S. HUNTING LODGE DRIVE	□ Add
		INVERNESS, FL 34453	□ Remove
			⊠ Change
AMBR	DEBORAH B. BEATY	85 S. HUNTING LODGE DRIVE	□ Add
		INVERNESS, FL 34453	Remove
		<u> </u>	🖾 Change
			Add 20 Remove SEP DAM 9: 03 Remove
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		·	Remove
			Change
			□ Remove
			Add
			□ Remove
			☐ Change

ı	read as follows:
7	he name and address of person(s) authorized to manage LLC:
	Title: AMBR
	RYANI D. BEATY
	85 S. HUNTING LODGE DRIVE
	INVERNESS, FL 34453
	F.S. I.
	Title: AMBR
	DEBORAH B. BEATY
_	85 S. HUNTING LODGE DRIVE INVERNESS, FL 34453
_	INVERNESS, FL 34453
1 effec <u>te:</u> I f	e date, if other than the date of filing:
reco he 9	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earl 0th day after the record is filed.
ted	Signature of a member or authorized representative of a member
	RYAN D. BEATY
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00