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S. YOUNG



COVER LETTER

Registration Section Division of Corporations

TO:

	RDS LANDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jeffrey C Steinert		
	V	Name of Person	
	Pepple Cantu Schmidt PLI	.C	
		Firm/Company	
	801 2nd Avenue, Suite 700)	
	-	Address	
	Seattle, WA 98104		
		City/State and Zip Code	
	JSTEINERT@PCSLEGAL		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Jeffrey C Steinert		206 625-9984 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I			be Street. Suite 810

Tallahassee, FL 32303

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

FF MALLARDS LANDING 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 July 20, 2015

Florida document number L15000123363		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "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 agent and/or the new registered office address here:	nddress on our record	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		· - ·
New Registered Office Address:		
	Enter Florida stre	eet address
	City	Florida Zip Code
	ζHV	rup Cone

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>	Name	Address	Type of Action
MGR	J David Page	5403 West Gray Street	■Add
		Tampa, FL 33609	□Remove
			□Change
			□Add
			□Remove
			□Add
		·····	□Remove
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Pective date, if other than the date in effective date is listed, the date must be size. If the date inserted in this block cournent's effective date on the Depart	does not meet the applicable	ate of filing or more than 90 statutory filing requirer	(optional) (days after filing.) Pursuant to nents, this date will not be	605.0207 listed as
cord specifies a delayed effective dat	te, but not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th day	after the
is filed.				
December 18	2019			
ned	. 2019	ed representative of a memb	per	_

Filing Fee: \$25.00