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Certified Copies	_ Certificates	of Status
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COVER LETTER ...

TO:		tration Section of Corpo							
C1 !!! 11?	CT.	Radtransport,							
SUBJE	CI: _			ited Liability Company					
The enc	losed /	Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please r	etum a	II согтевропо	lence concerning this matter	to the following:					
			Michael Haerting						
			 	Name of Person					
			CP Tours, LLC						
				Firm/Company			- rus		
			220 SW 3rd Avenue) : - -1	11
				Address				1 CB 2 1	
			Fort Lauderdale, FL 33312	!			<u>, </u>	シ	
			michael@ep-tours.com	City/State and Zip Code			Ti V	21 21:09	41
			E-mail address: (to be used for future annua	al report notificati	on)	- -	و	
For furtl	her inf	ormation con	cerning this matter, please ca	all:					
Michae	l Haert	ing		786 2	10-6626				
-		Name of F	erson	Area Code	Daytime Tel	ephone Number			
Enclose	d is a c	theck for the	following amount:						
□ \$ 25	.00 Fili	ing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee Certified Copy (additional copy is ea		Certified C	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**

Radtransport, LLC		
(Name of the Lin	oted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited	Liability Company were filed on _	08/24/2015 and assigned
Florida document number L15000144632	,	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
Radl	ectrik, LLC	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	: 22
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		~
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2 0
3. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address office address here:	on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	Michael Haerting	
New Registered Office Address:	220 SW 3rd Avenue	
	Enter F.	lorida street address
	Fort Lauderdale	, Florida <u>33312</u>
	City	Zip Code

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
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			Add
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fan effective date is <u>Vote:</u> If the date i	nserted in this blo	ock does not n	neet the applic	able statutory (or more than 90 da iling requiremen	ys after filing. its, this date) Pursuant to 60 will not be lis	05.0201 sted as
locument's effecti	ve date on the Du	spartment of S	State's records					
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Dated	bruary		. 2019	·				
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Dated F.E		Signature of a	member or auth	orized representa	tive of a member			

Page 3 of 3

Filing Fee: \$25.00