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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Radacky Properties LLC Name of Limited Limited Limited Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hathy Lee Radacky Name of Person
Radacky Properties LLC
18650 NE 40th St.
Williston, Florida 32696 City/State and Zip Code
E-mail address: (to be used for future ampal report notification)
For further information concerning this matter, please call:
Rathy Lee Radaely at (352) 528-4657 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$30.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Name of the Limited Liability Company (A Florida Limited Lin	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w	rere tiled on <u>11 - 6 - 20</u>	5_ and assigned
Florida document number <u>L 15000 193023</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne 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 registered agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:		500
		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	S. Zip Carle
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and La ovided for in Chapter 605, F.S.	ım familiar with and Or, if this document is

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 Title Name | Address Type of Action Kathy Lee Radacky Trustee 18650NE 40th St. DANG MGR Williston, Fl. 32696 Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove _ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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ective date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the E	st be specific and c lock does not me	annot be prior teet the applica	to date of filing or	more than 90 days a		
record specifies a delaye ne 90th day after the rec		ite, but not	: an effective	time, at 12:0	1 a.m. on th	ne earli
d July 5	C.S.	2017		ve of a member		

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Filing Fee: \$25.00