L16000010592

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	ne #)
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COVER LETTER

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	istration Section ision of Corporations	
cup in or.	WYNWOOD HUB, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	MARY PIERLUISSI	
	Name of Person	
	MPE CONSULTING, CORP	
	Firm/Company	
	2700 GLADES CIRCLE STE 127	
	Address	
	WESTON, FL 33327	
	City/State and Zip Code	
	maryp@mpeconsulting.net	
	E-mail address: (to be used for future annual report notification)	
For further is	nformation concerning this matter, please call:	
MARY PIE	RLUISSI 754 216.4105	
	Name of Person Area Code Daytime Telephone Number	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WYNWOOD HUB, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L16000010592	oility Company were filed on JANUARY 14, 2016	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
RDLB, LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	<u> </u>
		<u> </u>
		* N
	registered office address on our records, enter	the name of the nev
registered agent and/or the new registered offic	<u>ce address here</u> :	
Name of New Registered Agent:		
		10
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code
	UIIV	an Lage

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

SSEE, FLORIDA	If amending any other information, enter change(s) here: (Attach additio	nal sheets, if necessary.)	
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ocument's effective date on the Department of State's records.	Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or mother. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.	11: 4:20 02:07 (
	he record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlie	r of:
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.	Dated JUNE, 15TH , 2016		
The 90th day after the record is filed. JUNE 15TH	Signature of a member or authorized representative	of a member	
The 90th day after the record is filed. JUNE 15TH			

Page 3 of 3