

L16 0000 10592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

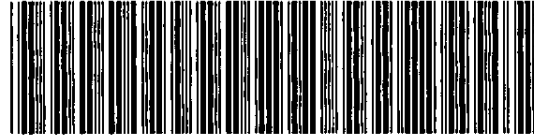
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 27 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WYNWOOD HUB, LLC
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 information concerning this matter, please call:

MARY PIERLUISSI at (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 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 JANUARY 14, 2016 and assigned Florida document number L16000010592.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RDLB, LLC

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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