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TO: Registration Se Division of Co			
SUBJECT:	RALGO WEST DATE, L	LC, a Florida limited liability comp	any
JOBSECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandra M. Ferrera, Esq.		
		Name of Person	
	SMF Law		
	1	Firm/Company	
	201 Alhambra Circle, Suit	re 1200	
		Address	.
	Coral Gables, FL 33134		
	90	City/State and Zip Code	
	smf@smflawgroup.com	to be used for future annual report notif	ication)
For further information of	concerning this matter, please of	•	
Sandra M. Ferrera		786 465-5600 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 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

	RALGO WEST DATE, 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 Lia Clorida document number L16000097768	bility Company were filed on May 18, 2016	and assigned
his amendment is submitted to amend the follow	ving:	
If amending name, enter the new name of t	the limited liability company here:	
RALGO WEST DADE, LLC		
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET		
		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	
		55
		16
3. If amending the registered agent and/or	r registered office address on our records, en	ter the name of the
egistered agent and/or the new registered offi	ce address here:	337
		E . 6
Name of New Registered Agent:		79 3 77
The state of the s		500
New Registered Office Address:	Enter Florida street address	R. N.
	, Florida	Zip Code
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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>	Address	Type of Action
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ocument's effe	ctive date on the Department of	State's records.			
	ecifies a delayed effective ay after the record is filed		n effective time, a	t 12:01 a.m. on the	earlier
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Typed or printed name of signee

Filing Fee: \$25.00