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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



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### **COVER LETTER**

SUBJECT: Welcom to Radice BB6 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:						
Gentletire FORBES  Name of Person						
Welcome to Tarradise BRG. UC						
9136 Integra Meadous de ROt 2002						
Daven port Fl 33896  City/State and Zip Code						
E-mail address: (to be used for futule annual report notification)						
For further information concerning this matter, please call:						
Coentletire Torres at 400, 460-0818  Name of Person at 400, 460-0818  Alea Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
Section Filing Fee Section Filing Fee Section Section Filing						

### **MAILING ADDRESS:**

TO: Registration Section
Division of Corporations

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 ARTI

ТО	Fin
ARTICLES OF ORGANIZATION	201 /LFA
<b>OF</b>	WITMAR 2
Wekong to Paradise BB6 LLC (Name of the Limited Liability Company as it now appears on our rep	Ords. PM 2: 11
(A Florida Limited Liability Company)	E. FLORIDA
The Articles of Organization for this Limited Liability Company were filed on June 20	<u>∂0\</u> cand assigned
Florida document number / 16000 117875.	
This amendment is submitted to amend the following:	

A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and comain ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 th registered agent and/or the new registered office address here:

Same or Above 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 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.

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		FILED			
<u>Title</u>	<u>Name</u>		Address	2017 MAR 27 PM 2:11	Type of Action
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). If amending any other information, enter change(s) Hettach a	Flin
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Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable sta	
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective of the second is filed.	ve time, at 12:01 a.m. on the earlier of:
Dated April 17, 8917.	
Signature of a member of authorized repre	esentative of a member

Page 3 of 3

Filing Fee: \$25.00