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	tion Section of Corporations ,		
SUBJECT:	RHSDHS, LLC Name o	of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are	e submitted for filing.	
Please return all co	orrespondence concerning this m	atter to the following:	
	MARK	WOODLOCK,	ESQ.
		Name of Person	
		·	Woodlock Construction Law Firm, P.A.
	-	Firm/Company	1350 Orange Avenue, Suite, 280 Winter Park, Florida 32789
	Added hallshaft or 4 fel fillshaft or constitute or the section of	Address	
		City/State and Zip Cod	
	E-mail addr	9 WOOD LOCKLAN	al report notification)
For further inform	ation concerning this matter, plea	ase call:	
MARK	WOODLOCK Name of Person	at (<u>407</u>)_	409.5305
1	Name of Person	Area Code	Daytime Telephone Number
Englosed is a chec	k for the following amount:		
\$25.00 Filing	Fee ☐ \$30.00 Filing Fee & Certificate of Statu	S55,00 Filing Fee as Certified Copy (additional copy is c	Certificate of Status &

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**

RHSDHS, LLC		
RHSDHS, LLC (Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL/1.700/0064/386	,	17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- N/A ~	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- N/A -	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ntersthe name of the new
Name of New Registered Agent:	- V/A-	
New Registered Office Address:	Enter Florida street address	LORDE S
	Enter Florida street address - V/A - , Florida City	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I furthe	er 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> **Type of Action** <u>Address</u> DREW H. STOECKEL 301 BREWERS BRIDGE AMBR □ Add JACKSON, NJ 08527 Remove ☐ Change ☐ Remove □ Change □ Add □ Remove Change ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove

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Filing Fee: \$25.00