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COVER LETTER

то:	Registration Section Division of Corpora		•		
SUBJEC	CT:	RHSD Name of Limit	HS, LCC ed Liability Company		_
The encl	losed Articles of Ame	ndment and fee(s) are subm	nitted for filing.		
Please re	cturn all corresponden	ce concerning this matter to	o the following:		
	_	Ralph	H. Stoed	kd, III	
	_	RI	+SDHS, LLC Firm/Company		
	_	1026 l	Lake Dav	is Dr.	_ _
	-	0,	rlando, FC City/State and Zip Code sty CDRES be used for future annual rep	32806	
	_	E-mail address: (to	sty CDRES be used for future annual rep	T. Comport notification)	_
For furth	ner information concer	ning this matter, please cal	1:		
	Ralph H.	Stoeckel, III	at (321) 6	99-3640	
	Name of Pers	on '	Area Code	Daytime Telephone Nun	nber
Enclosed	d is a check for the fol	lowing amount:			
\$25.	00 Filing Fee 🛘	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certii ed) Certii	Filing Fee, ficate of Status & fied Copy onal 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



RHSDHS, L	LC
(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 number <u>L17000643</u> .86	were filed on $3/21/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
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	fice address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	Florida

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 = A0	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Drew H. Stoeckel	301 Brewers Bridge, Jackson, NJ 0852	Pd To Add
		Jackson, NJ 0852	□ Remove
			☐ Change
			Add
			□ Remo∰e 5 € C:
			8 Jangs 30 Adab
			Add The Remove
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	N/A
lf an effect	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at seffective date on the Department of State's records.
	·
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The 9	Oth day after the record is filed.
FS 1	Tanuary 25 2018
Dated _	January 25 2018
	Signature of a member or authorized representative of a member Ralph H-Stoeded, III Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00