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· (F	Requestor's Name)	
A)	Address)	
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(0	City/State/Zip/Phone	#)
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S Warren MAY - 5 2017

COVER LETTER

TO: Registration Division of C			
RDK SO SUBJECT:	OUTH LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	David J Schreiner		
		Name of Person	
	RDK Assets LLC		
,	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	3214 E Adamo Dr.		
		Address	
	Tampa, FL 33605		
	_ .	City/State and Zip Code	
	dave@rdk.com		
	E-mail address: (to be used for future annual report notifi-	cation)
For further information	n concerning this matter, please c	all:	
David Schreiner		813 241-0711	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	r the 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

RDK SOUTH LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records rida Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Florida document number L17000065977	y Company were filed on March 22, 2017	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET AD</u>	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 limited limited company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

9: 4.7 TATE ORIDA 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>	Type of Action
MGR	Todd Hays	2909 S Andrews Ave	□ Add
		Fort Lauderdale, FL 33316	■ Remove
			Change
MGR	Michael Schoeffler	2549 West Gulf Drive #105	□ Add
		Sanibel, FL 33957	■ Remove
			□ Change
			Add
			☐ Remove
			□ Change
		·	□ Add
			□ Remove
			☐ Change
			Add
			Remove
			A CO Change
			ANASSEE, FLORIDA
		,	ORIDA

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fective date, if other than the d	ate of filing:		(optiona	a))
an effective date is listed, the date must boote: If the date inserted in this bloc	e specific and cannot be pri-	or to date of filing or more t	han 90 days after filir	ng.) Pursuant to 605.0207
ocument's effective date on the Dep	artment of State's record	ls.	1-	
e record specifies a delayed of The 90th day after the recor		ot an effective time	e, at 12:01 a.m	. on the earlier of
April 27	2017	·	,	₹ % → -
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- Dunnel	gnature of a member or aut	horized representative of a	member	
Richard Kemner	gnature of a member or aut	thorized representative of a	member	FILED 17-3 AM 17ARY OF NASSEE, F

Page 3 of 3

Filing Fee: \$25.00