L18000087035

Office Use Only



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C. GOLDEN APR 1 7 2019

COVER LETTER

то:	Registration Sec Division of Corp			
	RTAT, LLC			
SUBJ	ЕСТ:			
		Name of Lim	ited Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspon	dence concerning this matter	to the following:	
		Robert T. Anderson Jr.		
			Name of Person	
		RTAT, LLC		
			Firm/Company	
		8388 South Tamiami Trail	1. Suite #306	
			Address	
		Sarasota, FL 34238		
			City/State and Zip Code	
		robert@andersonsrq.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	irther information co	ncerning this matter, please ca	all:	
Robe	ert T. Anderson Jr.		941 350-8671	
	Name of	Durcon	at () Area Code Daytime	Telephone Number
	Name (ii	TCISON	Area code Paytine	retephone rumoer
Enclo	sed is a check for the	e following amount:		
■ \$2	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

FILED

2019 APR 11 PM 6: 45

RTAT, LLC			
(Name of the Limited)	Liability Company as it now appears on our i Florida Limited Liability Company)	ecords.) 5. 3.74.1	
The Articles of Organization for this Limited Liabi Florida document number L18000087035		and assigned	
This amendment is submitted to amend the following	ring:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re	cords, enter the name of the new	
Name of New Registered Agent:			
	1		
New Registered Office Address:	Enter Florida street	address	
	, Florida		
•	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change.	and complete performance of my duti ered agent as provided for in Chapter gistered office address, I hereby confu	es, and I am familiar with and 605, F.S. Or, if this document is	

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
MGR	Robert T. Anderson Jr.	8388 South Tamiami Trail, Suite #306, Sarasota, FL 34238	■ Add
			☐ Change
	 	×1	Add
			Remove
			☐ Change
-			Add
			□ Remove
			☐ Change
			DAdd
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u></u>
	
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	05/01/2018
Note: 1	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	··
	Polyect T Anderson Jr
	Signature of a member or authorized representative of a member
	Apr 9, 2019 Robert T. Anderson Jr.
	Typed or printed name of signee

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Filing Fee: \$25.00