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ZUIBUEU - / PM Z: 41 SECRETARY OF STATE TALLAHASSEE FL

COVER LETTER

	gistration Se ision of Cor					
(11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	RAD 6 RESIDENTIAL INVESTMENTS LLC					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		AMY R. DICKS				
		RAD 6 RESIDENTIAL IN	Name of Person SVESTMENTS LLC			
		5419 ROBLES LANE	Firm/Company			
		ROCKLEDGE, FL 32955	Address			
		DICKSAMY@AOL.COM	City/State and Zip Code	 		
		E-mail address: (to be used for future annual report no	otification)		
For further i	ntormation c	oncerning this matter, please co	all:			
AMY R. DICKS			727 518-5623			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.004	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

2018 DEC -7 PM 2: 41

RAD 6 RESIDENTIAL INVESTMENTS LLC

SECRETARY OF STATE TALLAHASSEE.FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company were filed on	and assigned
Florida document number 1.18000150553	·	
The Articles of Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	····
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our refice address here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:	AMY R. DICKS	
New Registered Office Address:	Enter Florida street o	uldress
		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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	RICHARD A. DICKS	. <u></u>	Add
			■ Remove
	AMY R. DICKS		☐ Change
MGRM			Add
			□ Remove
			□ Remove
			Change
			Remove
			Change
			Remove
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			Change

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		_ Signatur	e or a member	or aumorized re	presentative or a m	emper		

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Filing Fee: \$25.00