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## **COVER LETTER**

TO:	Registration Se Division of Cor							
CHDII		VICES, LLC						
SUBJECT: Name of Limited Liability Company								
The en	closed Articles of.	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		NAYOSCA E PEREZ						
		· · · · · · · · · · · · · · · · · · ·	Name of Person	·				
		RADE SERVICES, LLC						
			Firm/Company					
Firm/Company 7173 ORANGE DRIVE # 118B Address								
			Address					
		DAVIE, FL 33314						
			City/State and Zip Code	<del></del>				
		E-mail address: (	to be used for future annual report notif	ication)				
For fur	ther information ed	oncerning this matter, please co	all:					
NAYO	OSCA E PEREZ		561 692-1849					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclos	ed is a check for th	e following amount:						
	5.00 Filing Fee	S30.00 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

RADE SERVICES, LLC (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 Liability Company were filed on  $\frac{01/30/2019}{1}$ and assigned Florida document number  $\frac{1.19000030669}{1.19000030669}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbrediation "L.L.C." 5 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90  Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursua tents, this date will no	int to 605,0207 it be listed as
the record specifies a delayed effective date, but not an effective time, at ) The 90th day after the record is filed.	12:01 a.m. on the	e earlier of
Dated FL. April 02 2019  Signature of a member or authorized representative of a member.		
Og- Magazin		

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Typed or printed name of signee

Filing Fee: \$25.00