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SECRETARY OF STATE
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COVER LETTER

TO: Registration Sec Division of Corp			
Radvog Asso	ociates, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	David M. Radford		
		Name of Person	
		Firm/Company	
	9 Pine Low		
		Address	
	Glen Cove, NY 11542		
		City/State and Zip Code	
	David@mtkelectronics.com		
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
David M. Radford		516 672-1661 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

(Name of the Limited Lia	SSO CIATES LLC bility Company as Prow appears on our records.) anda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L19000156851</u>	y Company were filed on June 13, 2019	and assigned
This amendment is submitted to amend the following	ŗ.	
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 "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	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 a	egistered office address on our records, ent	9 AUG -2 MM 8: 20 the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, 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>	<u>Name</u>	Address	Type of Action
MGR	MARIA C VOGELI	2958 MARQUESAS COURT	
		WINDERMERE, FL 34786	
			Remove
			☐ Change
		_	□ Add
			SEST SEST
			AR Change
			SS R Chames
			□ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
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(If an effective Note: If the	date, if other than the date of filing:	t to 605,0207 (be listed as t
the record) The 90	is pecifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the thind the record is filed.	earlier of:
Dated	7/29/2012 . 2019 . Rall	
	Signature of a member or authorized representative of a member David M. Radford	
	David IVI. Nadioid	

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Filing Fee: \$25.00