## L19000213446

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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12/30/20

RD Homes	Florida, LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
	ndence concerning this matter		
	Adam Bouchard		
		Name of Person	
	RD Homes Florida, LLC		
		Firm/Company	
	16150 Aviation Loop Drive	e, Suite 15032	
		Address	·
	Brooksville, FL 34604		
	adam.bouchard@rdhomesfl	City/State and Zip Code orida.com	<del> </del>
	E-mail address: (	to be used for future annual report notification)	
For further information of	oncerning this matter, please c	all:	
Adam Bouchard		813 326-2022	
Name o	of Person	at () Area Code Daytime Teleph	one Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &  Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street	ssee

Tallahassee, FL 32303

Registration Section

Division of Corporations

TO:

## ARTICLES OF ORGANIZATION OF

RD Homes Florida, 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 August 21, 2019 and assigned Florida document number <u>L19000213446</u> 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 "LLC" or the abbreviation "LL.C." 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 City

## 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

## MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jesse A. Grubbs	16150 Aviation Loop Drive, Suite 15032	
		Brooksville, FL 34604	🗆 Add
		DIOOKS HIC, 11, 54004	\alpha Remove
MCD	Connie Farrell-Grubbs	16150 Aviation Loop Drive, Suite 15032	□ Change
MGR	Connic Parten-Grubos	10130 Aviation 1200p Drive, State 13032	<b>≣</b> Add
		Brooksville, FL 34604	
			□ Remove
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effective date is listed, the date must e: If the date inserted in this blo	be specific and c ock does not me	annot be prior t set the applica	o date of filing of ble statutory f	r more than 90 day iling requiremen	's after filing.) Pu	irsuant to 605.0 Il not be listed
ument's effective date on the De	partment of Sta	ate's records.		S rodanome	is, this date in	. Hot of Histor
cord specifies a delayed effective filed.	date, but not a	in effective tir	ne, at 12:01 a.	n. on the earlier	of: (b) The 9	0th day after t
November 16		2020				
ed						

Adam Bouchard