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(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #)	
(On	()/Old(O/E) P/1 /10/10 ///	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
-		
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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12/13/21--01928--018 **25.00

12/27/21 TAS,

> 2021 DEC 13 AM 9: 10 SEGRETARY OF STATE

- COVER LETTER

	RD MIAMI LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT SALINAS		
		Name of Person	
	REALITY CHECK BUSH	NESS SOLUTIONS LLC	
		Firm/Company	
	5301 TAYLOR ST		
	<u> </u>	Address	
	HOLLYWOOD, FL 3302	I	
		City/State and Zip Code	
	rsalinas@rcbs.biz		
	E-mail address: (to be used for future annual report notific	
For further information c	concerning this matter, please co	all:	2021 0
ROBERT SALINAS		786 338-9000 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		(O)
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
= 325.00 Timing rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Maning Address	231	Daylasunsi - C4	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACKYARD MIAMI LLC

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

(A Fiorida Islin	ice Elabini, company)		Ø .
The Articles of Organization for this Limited Liability Comp	oany were filed on $\frac{09/19/20}{}$	19	_ and assigned
Florida document number 1.19000237513			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liabil <u>ity company here</u> :		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	, enter the name o	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	at addrass	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag			
	, 1.		

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SHIFMAN. OFFY	9249 ABBOTT AVE	
		SURFSIDE, FL 33154	□Remove
			□Change
<u>.</u>			□Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
			□ Remove
			□ Add
			□Remove
		-	□Change
			□Add
			Remove
			□ Channa

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