L16 000 092 883

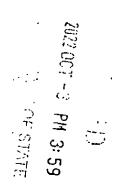
Office Use Only

A. RIVERS
DEC 2 1 2022



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COVER LETTER

TO: Registration Se • Division of Cor			,	
	NVESTMENT LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SIGAL DAGAN			
		Name of Person		
	RDA 914 INVESTMENT	l.LC		
		Firm/Company		
	21055 NE 37 STREET #2	105		
		Address		
	AVENTURA, FL 33180			
		City/State and Zip Code		
	SIGALSBATIM@GMAIL	.COM to be used for future annual report no	.:(C	
For further information c	concerning this matter, please c	·	micatony	
SIGAL DAGAN		786 797-9088		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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		Street Address: Registration S		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDA 914 INVESTMENT LLC

(Name of the Lim	nited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) iny)	
The Articles of Organization for this Limited Florida document number L16000092883		1 MAY 5, 2016	and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liability compan	v 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 appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address of New Registered Agent:	registered office address on o	ur records, <u>enter the na</u>	me of the new registered
New Registered Office Address:	21055 NE 37 ST #2105)22 0
New Registered Office Address.	Enter	r Florida street address	
	AVENTURA	. Florida ³	3180 🕹
	City		Zip Cale :
New Registered Agent's Signature, if changing	Registered Agent:		ST/
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete performanc gistered agent as provided for e registered office address, I h	e of my duties, and I am in Chapter 605, F.S. Oi	familiar with and r, if this document is

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
AMBR	SIGAL DAGAN	21066 NE 37 ST #2105	≣ Add
		AVENTUA, FL 33180	□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	 		□Add
			□Remove
			□Change
		.	DAdd
			□Remove
			□Change
			(□Add
		-	□Remove
			Channa

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
the record cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	9/28/Je22,
	Signature of a member of authorized representative of a member
	Typed or printed name of signee