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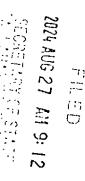
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COVER LETTER

TO: Registration S Division of Co			4
SUBJECT: RT	LD LLC		
3018/1C1:	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rita_	Kearney Name of Person	
	RTLD	LLC. Firm/Company	
		cy Road Address	
	Nanuet	City/State and Zip Code Cohotmail o be used for future annual report r	954
	ritak 12 E-mail address: (t	o be used for future annual report r	('O') otification)
For further information	concerning this matter, please ca	il:	
Rita Name	Kearney of Person	at (<u>\$45</u>) <u>30</u> Area Code Day	4 - 9/4/ time Telephone Number
Enclosed is a check for t	the 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 Address: 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

(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on May 2, 2005 and assigned 66
Florida document number <u>L05000450</u>	66
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
	
The new name must be distinguishable and contain the words "Limite	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	$\sim \sim $
Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	
Die Ballia Land	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and cor accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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>	Name		Address	Type of Action
MGR	Laura	Kearney Murtha	685 Mountain Ave.	Z⁄vdd
		,	685 Mountain Ave. Wyckoff, NJ 07481	, □Remove
				□ Change
MGR	Dawn	Parnas	426 White Oak Road	🗹 🗸 🗸 🖂
			Palisades, NY 10964	□Remove
			 	□Change
				□ ∧ dd
				□Remove
				□ Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□ Change
		····		□∧dd
				□Remove
				□Change

ii amending a	ny other inform	nation, enter	r change(s)	nere: (Attach	additional she	ets, if necessar	y.)	
								
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Effective date If an effective date	, if other than t is listed, the date n	he date of fil nust be specific	ing:	orior to date of fil	ing or more than	(optional)	.) Pursuant to 605.02	207 (3)
Note: If the da	te inserted in this ective date on the	block does no	ot meet the ap	plicable statute	ory filing require	ements, this date	will not be listed	as the
		·						
	s a delayed effec	tive date, but r	not an effectiv	/e time, at 12:0	1 a.m. on the ea	arlier of: (b) Th	ne 90th day after t	he
ord is filed.								
Dated <u>(Ice</u>	gust 20	! 	203	74				
/	7	0	11					
0		1/						