106000042833

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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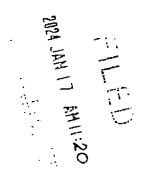


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RUPERT RHODD

P.O. Box 970313 Coconut Creek Florida 33097

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

November 28, 2023

Dear Amendment Administrator:

I hereby request a name change for the company that is currently registered as **Rupert Rhodd & Associate.** LLC, document number L06000042833 to the new name RSA Business & Statistical Consulting, LLC.

If additional information is needed to effect this change, I can be contacted at (954) 242-2529. My return address is listed above.

The Amendment form, cover letter, and a check for \$43.75 are included.

Respectfully,

Rupert Rhodd



December 15, 2023

RUPERT RHODD RUPERT RHODD & ASSOCIATES P.O. BOX 970313 COCONUT CREEK, FL 33097

SUBJECT: RUPERT RHODD & ASSOCIATES LLC

Ref. Number: L06000042833

We have received your document for RUPERT RHODD & ASSOCIATES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00028634

Annette Ramsey OPS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Rupeni Ry Name of Lim	HODD 4 ASSOCIATED ASSO	C,ATES, LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rupent	Name of Person RHODD A ASSO Firm/Company	D OCIATES
	P.O BOX	Address	
	COCOLUT	CAEEK, FOR IDA City/State and Zip Code	33097
		City/State and Zip Code	
	KOECON &	2 HOTMAIL - COM to be used for future annual report noti	fication)
Rufent	oncerning this matter, please ca		
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	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 S Division of C P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF OR **OF**

KGANIZATION	!	}	ļ

Rupini Ryan	ALSOCIATER LLC AMILIEU
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4-21-2006 and assigned
Florida document number <u>1.06000742833</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
RSA BUSINESS & STATISTI	GNSULTING: LLC
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 agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	13nC 4 to had so Cer and ess
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. Thereby 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
			🗆 Add
			□Remove
			□ Change
			🗆 Add
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Note: I	te date, if other than the date of filing:
e record rd is file	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 d.
Dated _	JANUARY 6, 2024
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Rupert Rhood Typed or printed name of signee