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(Requestor's Name)		
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LJ PICK-UP	MAIT	MAIL
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(Bu	isiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer	-
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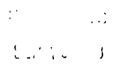




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COVER LETTER

TO: Registration Se Division of Con			•
RDSE Gro	oup, 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:	
	Leonid Kaem		
		Name of Person	
	RDSE Group, LLC		
		Firm/Company	
	17555 ATLANTIC BLVD	#1108	
		Address	
	SUNNY ISLES BEACH I	FL 33160	
	leonbbvr@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Leonid Kaem		305 904-2413	
Nama	of Person	at () Area Code Davtin	ne Telephone Number
ivanie o	i i cisori	Area code Dayin	ne receptione (value)
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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDSE Group, LLC

(<u>Name of the Limiter</u> (A	l Liability Company as A Florida Limited Liabil	it now appears on ou ty Company)	r records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company were	c filed on	3	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability	company here:		
N/A				
The new name must be distinguishable and contain the wo	rds "Limited Liability Co	ompany," the designation	on "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applica	ble:	A		_
Principal office address MUST BE A STREET				
Enter navy mailing address, if applicables		Α		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered office address Name of New Registered Agent:		ess on our records.	enter the nam	ne of the new regi
	17555 Atlantic Blvd	#1108		
New Registered Office Address:		Enter Florida stree	et address	
	Sunny Isles Beach		. Florida	33160
			LIVIIUA	

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

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
MGR	Leonid Kaem	17555 ATLANTIC BLVD #1108 SUNNY ISLES BEACH, FL 33160	
			■Remove
			Change
MGR Golda Family Memories Trust	Golda Family Memories Trust	17555 ATLANTIC BLVD #1108 SUNNY ISLES BEACH, FL 33160	= Add
			□Remove
			Change
			🗆 Add
			□Remove
			🗆 Change
		□ Add	
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		□Change	
			□ Add
		□Remove	
			□Change
			□ ^dd
			□Remove
			□Change

N/A 	
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If an effective date is listed, the d Note: If the date inserted in	an the date of filing:
e record specifies a delayed e rd is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
August 14	2023
Dated	(Fil) //
	Signature of a momber or authorized representative of a member
Leonid Kaem	Signature of a momber or authorized representative of a member LOUF OF COLOR

Filing Fee: \$25.00