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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration S Division of Co			
RD TEXT	ILES LLC		
3((6) EC,1,		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	BEATRIZ LANDA		
		Name of Person	
	LANDA AND ASSOCIA	TES EA PA	
		Firm/Company	
	3326 MARY STREET, SI	UITE 602	
		Address	
	MIAMI, FL 33133		
		City/State and Zip Code	*
	BETTY@LANDAPA.COM		
For further information	h-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)
BEATRIZ LANDA	-	786 611.5123	
Name	of Person	at () Daytime	: 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RD TEXTILES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{0.3/24/2014}{1}$ __ and assigned Florida document number $\frac{1.14000048313}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Circ

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALEXANDER RODRIGUEZ	3326 MARY STREET	≅ Add
		SUITE 602	
		MIAMI, FL 33133	
			□ Remove
			☐ Change
			Add
			Remove
		☐ Change	
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ective date, if other than is effective date is listed, the date	must be specific ar	nd cannot be prior	to date of tiling o	or more than 90 days	optional) after filing.) Pursuant to 60	05.07
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00