

L15000102246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600276599236

09/03/15--01007--001 **30.00

FILED
2015 SEP -3 P 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2015

8 MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RDR Systems, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raphael Rashkin

Name of Person

Firm/Company

500 East Kennedy Blvd. 3rd Floor

Address

Tampa, FL 33602

City/State and Zip Code

raphael@contactbarli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raphael Rashkin

727 481-2304
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RDR Systems, 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 06/11/2015 and assigned
Florida document number L15000102246.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BLDR Systems, LLC

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

500 E. Kennedy Blvd.

3rd Floor

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 E. Kennedy Blvd.

3rd Floor

Tampa, FL 33602

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:

500 E. Kennedy Blvd., 3rd Floor

Enter Florida street address

Tampa

City

, Florida 33602

Zip Code

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

FILED
SEP - 3
2:21
SECRETARY OF STATE
TAMPA, FLORIDA

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--|--|
| MGR | Raphael Rashkin | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 500 E. Kennedy Blvd., 3rd Floor, Tampa, FL 33602 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 2015 SEP - 3 P 2:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 31, 2015


Signature of a member or authorized representative of a member

Raphael Rashkin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 SEP -3 P 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

