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TALLAHASSEE, FLORIDA

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FEB 13 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RF ASSETS 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:

Daniel Ayzenberg, CPA, Esq.

\_\_\_\_\_  
Name of Person

AYZENBERG LAW FIRM PLLC

\_\_\_\_\_  
Firm/Company

287 Spring Street

\_\_\_\_\_  
Address

New York, NY 10013

\_\_\_\_\_  
City/State and Zip Code

daniel@cpa-esq.com

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

For further information concerning this matter, please call:

Daniel Ayzenberg, CPA, Esq.

718 431-3193  
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

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NEW REGISTERED AGENT  
JAN 10 9 A 10 53  
CLERK OF STATE  
TALLAHASSEE, 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	YOSEF ROTMAN	118 HARBOR VIEW LN	<input type="checkbox"/> Add
		BELLEAIR BLUFFS, FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENIS RYZHOV	118 HARBOR VIEW LN	<input checked="" type="checkbox"/> Add
		BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

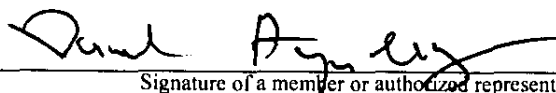
E. Effective date, if other than the date of filing: 02/06/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated February 6<sup>th</sup>, 2017



Signature of a member or authorized representative of a member

Daniel Agzenberg CPA, Esq.

Typed or printed name of signee

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TREASURY FLORIDA