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(R	equestor's Name)					
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PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
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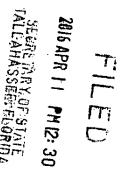
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K.SALY EXAMINER LPR 14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RD Moving and Home Dalivery, LLC. Nam 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:
Ronny De Oleo Nova Name of Person
RD Moving and Home Delivery, LLC.
500 NW 34th Street #202
Pomparo Beach, FL 330104 City/State and Zip Code
ramoving and delivery a comail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Romy Do Oleo Nova at (203) 300-0007 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

PALLAHASSEE FLORIDA

1/26/2016 The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L11000017630 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: Hompano Beach, Florida 33064

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

Page 1 of 3/

or removed	from our records:		
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ronny De Oleo Nova	500 NW 34th Street #20 Pompano Beach, FL 330	D2_BAdd
		Hompano Beach, FL 330	164 □ Remove
			Change
			Add
			□ Remove
			□ Change .
			Dadd David
			SET Change III
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. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Effective date, if other	than the date of fili	ing:		(optional)	
If an effective date is listed, the	he date must be specific a	and cannot be prior to	date of filing or more than	90 days after filing.) Pu	rsuant to 605.0
Note: If the date inserted document's effective date			ole statutory filing requi	rements, this date wil	I not be listed
	•				
ne record specifies a	delaved effective	date, but not	an effective time.	at 12:01 a.m. on	the earlier
The 90th day after					
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Dated 4/1		. 2016			
/ /	F	7 11			
1 1	// 1 //4:				
		V/MM /M	ized representative of a me		

Page 3 of 3

Filing Fee: \$25.00