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K. SALY AUG 1 0 2017

COVER LETTER

	ision of Cor			
SUBJECT:		UNTING SERVICES & MOR	E. LLC	
oomet.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		ROSE I. DELGADO		
			Name of Person	
		1633 E. VINE STREET S		
		KISSIMMEE, FL 34744	Address	
			City/State and Zip Code	
		RDASERVICES16@YAH		-
For further is	nformation c	oncerning this matter, please on	to be used for future annual report notif all:	ication)
ROSE I. DE			407 785-1038 at ()	
	Name o	f Person	Area Code Daytime	2 Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 F	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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 passee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RD ACCOUNTING SERVICES & MORE, 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	y were filed on 10/03/2016 and assigned
Florida document number L16000183338	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
RD ACCOUNTING SERVICES & MORE, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1633 E. VINE STREET
(Principal office address MUST BE A STREET ADDRESS)	SUITE 215
	KISSIMMEE, FL 34744
Enter new mailing address, if applicable:	1633 E. VINE STREET
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 215
	KISSIMMEE, FL 34744
registered agent and/or the new registered office address her Name of New Registered Agent:	
New Divisional Office Addison	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>t:</u>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	te performance of my duties, and I am familiar with and
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e address, I hereby confirm that the limited liability

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Filing Fee: \$25.00