L16000207624

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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D. SCOTT JUN 2 8 2017

COVER LETTER

TO:	Registration Division of C				
	RJD LLO	2			
SUBJE	CT:	Name of Limi	ted Liability Company		
The enc	losed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all corres	spondence concerning this matter	to the following:		
		STEVEN R. DARIA			
			Name of Person	·	
		RJD LLC			
			Firm/Company		
		5900 BONITA BEACH R	D #1103		
			Address		
		BONITA SPRINGS FL 34	1134		
		DARIASTEVE@GMAIL.	City/State and Zip Code		
			to be used for future annual report notif	ication)	
For furt	her informatio	n concerning this matter, please c	all:		
STEVE	EN DARIA		239 425-5671	·	
	Nam	e of Person	Area Code Daytimo	e Telephone Number	7 JUL 20 TO
Enclose	ed is a check fo	or the following amount:			<i>ب</i> پ
■ \$25	3.00 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

RJD LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L16000207624}{L16000207624}$	vere filed on 11/14/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
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 here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Now the six and A south Simulature if the six Degistered Agents	

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, 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>	Type of Action
MGR	STEVEN DARIA	5900 BONITA BEACH RD #1103	
		BONITA SPRINGS FL 34134	Remove
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ctive date, if other effective date is listed, t e: If the date inserted ament's effective date	he date must be sp I in this block do	ecific and cannot loes not meet the	be prior to date of applicable statt	filing or more tha	m 90 days after :	nal) filing.) Pursuant to 605.0 date will not be listed
ecord specifies a ne 90th day after	delayed effe the record is	ective date, b s filed.	out not an eff	ective time,	at 12:01 a	.m. on the earlie
ed JUNE 20TH	1	2017	· ·			
		ture of a member				

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Filing Fee: \$25.00