## L17000005403

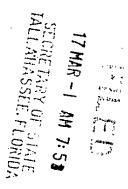
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uiess)	
(Cit	y/State/Zip/Phone	e #)
_		
PICK-UP	WAIT	MAIL
- /Bu	siness Entity Nar	ma)
(Du	Siness Chilly Nai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
<del></del>		
Special Instructions to	Filing Officer:	
e e		

Office Use Only



900295293609

03/01/17--01015--021 \*\*25.00



## **COVER LETTER**

	gistration Sec vision of Corp	
SUBJECT:	R&D LEND	DERS, LLC
SCBSECT.		Name of Limited Liability Company
The enclose	d Articles of A	Amendment and fee(s) are submitted for filing.
Please returi	n all correspon	ndence concerning this matter to the following:
		NANCY NGAN NGUYEN
		Name of Person
		R&D LENDERS, LLC
		Firm/Company
		14921 HIDDEN OAKS CIR
		Address
		CLEARWATER, FL 33764 PI
		City/State and Zip Code
,		NANCY_NGAN2002@YAHOO.COM  E-mail address: (to be used for future annual report notification)
For further i	nformation co	oncerning this matter, please call:
NANCY NO	GUYEN	727 331-0627 at ( )
	Name of	Person Area Code Daytime Telephone Number
Enclosed is	a check for the	e following amount:
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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**

Previous On List	Next On List	Return to List	No Events	No Name History	Detail 1	by	
( <u>N</u>	ame of the Limited	l Liability Compa \ Florida Limited L	ny as it new ap Liability Compa	pears on our records.) ny)			
The Articles of Organization for Florida document number L1700		bility Company	were filed on	01/09/2017	and	d assig	gned
This amendment is submitted to	amend the follow	ving:					
A. If amending name, enter th	e new name of t	he limited liab	lity compan	y here:			
The new name must be distinguishable	and contain the wo	rds "Limited Liabil	ity Company," t	he designation "LLC" or	the abbreviation	n "L.L.	.C."
Enter new principal offices add	lress, if applica	ble:					
(Principal office address MUST	BE A STREET	ADDRESS)					
					<u> </u>	<u> </u>	
					TARY ASSE	R - 1	E () TORNAGE EMPRESTO
Enter new mailing address, if a	• •					<b>=</b>	h I b
(Mailing address MAY BE A PC	<u>OST OFFICE B</u>	<u>OX)</u>	***************************************		- 68 - 68 - 68 - 68 - 68 - 68 - 68 - 68	<del>.</del>	7
				•		<u>CJ</u>	
B. If amending the registere registered agent and/or the new				on our records, e	-	<u>me o</u>	f the nev
Name of New Register	ed Agent:				<del></del>		<del></del>
New Registered Office	Address:		Futan	Florida street address			
			Enter				
			City	, Florid	laZip (	ode.	
New Registered Agent's Signatur	a if changing Da	gictored Agents	City		2.0		

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>	Address	Type of Action
AMBR	NANCY NGAN NGUYEN	14921 HIDDEN OAKS CIR	<b>≣</b> Add
		CLEARWATER,, FL 33764	☐ Remove
			Change
AR	ROBERT NGUYEN	14921 HIDDEN OAKS CIR	Add
		CLEARWATER,, FL 33764	■ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Add
	-		□ Remove
			☐ Change
			□ Add
•			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

	1.	
<del></del>		
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
<u></u>	TALE C	
	AHASS.	Taren.
	<u> </u>	100.00
	ORIL ORIL	7: 5
	*	
fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)	suant to 605,0207
ote: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	ry filing requirements, this date will	not be listed as
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on t	he earlier of
1	•	
ted $\frac{2(24)17}{}$ , $\frac{1}{}$		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00