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D. SCOTT JAN 2 5 2017

COVER LETTER

Division of Cor	
RD MULT	IMEDIA LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Daniel P. Lauer
	Name of Person
	RD MULTIMEDIA LLC
	Firm/Company
	4150 Belfort Road Suite 551086
	Address
	Jacksonville, FL 32255
	City/State and Zip Code
	rdmuzik87@gmail.com E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Daniel P. Lauer	904 535-7543 at ()
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for the	ne 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

RD l	MUL	AIT.	ÆDI	Α	LL	C
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(Name of the Limite	ed Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on 01/10/201	7 Zand assigned	
Florida document number L17000007600				
This amendment is submitted to amend the following	owing:		M 23 M	
A. If amending name, enter the new name of	the limited liab	ility company here:	N 23 M II 2	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	4150 Belfort Road Suite	e 551086	
(Principal office address MUST BE A STREE	T ADDRESS)	Jacksonville, FL 32255		
Enter new mailing address, if applicable:		4150 Belfort Road Suite	e 551086	
(Mailing address MAY BE A POST OFFICE I	ROX)	Jacksonville, FL 32255		
registered agent and/or the new registered of Name of New Registered Agent:	Majure Law, F	_		
-	4150 Belfort R	oad Suite 551642	_	
New Registered Office Address:		Enter Florida stree	t address	
	Jacksonville		, Florida	
	 -	City	Zip Code	
New Registered Agent's Signature, if changing R	Registered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registeeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been no	er and complete stered agent as p registered office change.	performance of my dul provided for in Chapter Address, I hereby confi nging Registered Agent, Siku	ties, and I am familiar with and 605, F.S. Or, if this document is	

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
MGR	Daniel P. Lauer	4150 Belfort Road Suite 551086	= Add
		Jacksonville, FL 32255	□ Remove
			Change
	-		
			Remove
			Change
			□ Add
			Remove
			Change
-			□ Add
		**************************************	Remove
			□ Change
			Change Change 2
<u> </u>			Add Note: Control Add
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department of the date is a delayed.	be specific and cam ck does not meet partment of State	the applicable statutory f's records.	iling requirements, this	filing.) Pursuant s date will not b	e listed as
ne record specifies a delayed The 90th day after the reco	rd is filed.	, but not an effectiv	e ume, at 12:01 a	i.in. on the 6	ariier o
Dated January 18	. 7	1017		ZE :	17
6711	,				i i
Cull	Signature of a mem	ber or authorized representa	tive of a member		E P P P P P P P P P P P P P P P P P P P
Daniel P. Lauer	_	.,	-	: F	
	Тур	ed or printed name of signe	>		= 2

Page 3 of 3

Filing Fee: \$25.00