# L170001a5334

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W. LANKARA

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
enar	RDSG LLC			
SUBJE	<u> </u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please	return all correspon	ndence concerning this matter	to the following:	
		Robert Gomezjurado		
			Name of Person	
			Firm/Company	
		6840 Mitchell Cir		
			Address	
		Tampa FL 33634		
		·	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		rdsgtampa@gmail.com		<del></del>
		E-mail address: (	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Rober	t Gomezjurado		813 3892737 au ()	
Name of Person		Person	Area Code Daytime	Felephone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDSG LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	)		
he Articles of Organization for this Limited Liability Company were filed on $\frac{06/08/2017}{\text{Li}7000125334}$ .		and assigned		
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	liability company here:			
he new name must be distinguishable and contain the words "Limited I	Jability Company," the designation "LLC"			
nter new principal offices address, if applicable:		2617 17AC		
Principal office address MUST BE A STREET ADDRESS	2)			
		87		
nter new mailing address, if applicable:	·			
Mailing address MAY BE A POST OFFICE BOX)				
	*****	**		
. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Flor	ida Zip Code		
	СИУ	Zip Code		

#### 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>	Name	Address	Type of Action
AMBR	Robert Gomezjurado	6840 Mitchell Cir Tampa FL 33634	<b>⊒</b> ∧dd
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			Change
			□ Add
			☐ Remove
			Change
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			Remove
		<del></del>	Change
			Add
			Remove
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			ASSE D Change
			3 0 A 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			☐ Remove
			☐ Change

If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessar	<b>ṃ.</b> )		
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Note: If document the reco	e date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date it's effective date on the Department of State's records.  In specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	e will not b	e listed	as the
Dated _	7/6/17	$ar{A}_{\mathcal{C}}$	<b>N</b> 2	
		<u> </u>	2017	#EXEST
	Signature of a member or authorized representative of a member	<u> </u>	_∏_ 	
	Robert Gomezjurado	388	0	-
	Typed or printed name of signee		_p ⊒	
		35	<u>+:</u>	1
	Page 3 of 3		80	

Filing Fee: \$25.00