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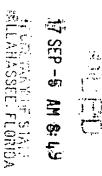
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	REAL DATA	A MANAGEMENT SERVICE	ES LLC	
		Name of Limit	ted Liability Company	<del></del>
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		ROMY AHARON		
			Name of Person	<del></del>
		ACCU-TAX AND ACCOU	INTING SERVICES LLC	
Firm/Company				
		PO BOX 5032		
			Address	
		DEERFIELD BEACH, FLO	DRIDA, 33442	
			City/State and Zip Code	
		KIJORO@AOL.COM		
		E-mail address: (to	be used for future annual report notificat	ion)
For further in	formation con	cerning this matter, please cal	ll:	
MORRIS A.	GIRNUN		954 574-0081 at ()	
	Name of P	erson	Area Code Daytime Te	lephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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:

TO:

**Registration Section** 

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

REAL DATA MANAGEMENT SERV	
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	,,,,
The Articles of Organization for this Limited Liab	ility Company were filed on AUGUST 30TH, 2017 and assigned
Florida document number L17000185624	·
This amendment is submitted to amend the follows	ing:
A. If amending name, enter the new name of the	e limited liability company here:
REAL DATA MANAGEMENT SYSTEMS LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
•	
(Principal office address MUST BE A STREET A	IDDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	(X)
B. If amending the registered agent and/or	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	e address here:
Name of New Registered Agent:	
tune of the registered right.	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City 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
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			☐ Remove
			☐ Change
			□ Remove
			☐ Change
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Effective date, if other than the defeat of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and cannot be prior to date of filing k does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be list	5.0207 (3 ed as th
e record specifies a delayed e The 90th day after the recor	effective date, but not an effect d is filed.	ive time, at 12:01 a.m. on the earlie	er of:
SEPTEMBER 1ST	2017		
	) 00		
	<sup>2</sup> 4./		

Page 3 of 3

Filing Fee: \$25.00