11800024463

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COVER LETTER

	tegistration Sec Division of Corp			
SUBJECT	RDIS Prope	rty. LLC		
SOBJEC		Name of Limi	ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ren	ırn all correspo	ndence concerning this matter	to the following:	
		Rinat Shaltiel		
			Name of Person	
			Firm/Company	
		4720 Sarazen Drive		
			Address	
		Hollywood, FL 33021		
		Rinal Shall E-mail address: (t	City/State and Zip Code TICL Con hot mail. (to be used for future annual report notifi	(c) (cation)
For furthe	r information co	oncerning this matter, please ca		
Rinat Sha			754 244-2624 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
E \$25.00	9 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

RDIS Property, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000024463}{L18000024463}$.	y were filed on <u>1/26/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18
(Principal office address MUST BE A STREET ADDRESS)		HAR AFE
		ASS
		PA CENT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9 20 21 21 21 21 21 21 21 21 21 21 21 21 21
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	_	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	<u>Name</u>	Address	Type of Action
MGR	Han Shaltiel	4020 N Hills Drive Apt 21	□ Add
		Hollywood, FL 33021	Remove
MGR	Rinat Shaltiel	4720 Sarazen Drive	_ ■ Add
		Hollywood, FL 33021	☐ Remove
			☐ Change
		<u> </u>	Add
			Remove
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block unent's effective date on the Department.	e specific and cannot be prior does not meet the applic	r to date of filing or more to cable statutory filing re	(optional) than 90 days after filing.) quirements, this date w	Pursuant to 605.0 fill not be listed
record specifies a delayed e he 90th day after the record		ot an effective time	e, at 12:01 a.m. o	n the earlier
February 26	2018			
			CC.	

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Filing Fee: \$25.00