## 418000035479

(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
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SECURE LAWS OF STATE
SECURE LAWS SEE, FLORIDA



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2018

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original submission date as file date.

SUBJECT: RDFT LLC

Ref. Number: L18000035479

We have received your document for RDFT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 618A00003104

18 FEB 15 PM 4: 12

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

The second second

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## **COVER LETTER**

то:	Registration Se Division of Cor				
SUBJ	ECT: RDFT LL	С			
		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Jovana de la Ro	osa Name of Person		
		Loeb, Block & Partners	s LLP Firm/Company	<u></u>	
		505 Park Avenue, 8th Flo	Address Address		
		New York, New York 10	0022 City/State and Zip Code		
		msansone@loebblock.cor E-mail address: (	n to be used for future annual report noti	fication)	
For fu	rther information c	oncerning this matter, please ca	all:		
Joyana de la Rosa Name of Person		at ( 212 ) 755-5510  Area Code Daytime Telephone Number			
Enclos	sed is a check for th	ne following amount:			
□ <b>\$</b> 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C) \$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

RDFT (Name of the Limited 1	LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number I_18000035479	<u></u> .	
This amendment is submitted to amend the followi	ng:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	78 6
Essex Resources LLC The new name must be distinguishable and contain the word	and instead I inhibite Company "the designation "I I C" or	the abhreviation of 1 Cm
The new name must be distinguishable and contain the word	s Emined Liability Company, the designation (1200 of t	
Enter new principal offices address, if applicabl	e:	<u> </u>
(Principal office address MUST BE A STREET)	(DDRESS)	
		— <u> </u>
		36 To 19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>x</u> )	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
_	City	Zip Code
Name Descriptional Assert's Constant of Changing Dags	ictored August:	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Change
			☐ Remove
			① Change
			PAdd  FERMOVE  SSTATE  SSTATE
			SSET OF CHARGE 22 19
			□ Remove
			☐ Change
			bbA Cl
			☐ Remove
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Effective date, if other t (It an effective date is listed, the Note: If the date inserted document's effective date	date must be specific n this block does no	and cannot be prior it meet the applic	able statutory filir	iore than 90 days afte	ional) or filing.) Pursuant to is date will not be	5 605.0207 ( : listed as t
the record specifies a c ) The 90th day after	ielayed effective the record is file	e date, but no d.	t an effective	time, at 12:01	a.m. on the e	arlier of:
Dated <u>February 12</u>		2018				
	Signaturgot	a member or auth	orized representative	of a member		_
	i	Joshua P. Weiss Typed or print				

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Filing Fee: \$25.00