## L18 0000 91976

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2021 FEB -4 PM 5:31 SECRETARY OF STATE

3/24/21

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
RF Distril	bution, LLC	,	<b>3</b> .
		mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Richard Rodriguez	•	
		Name of Person	
	RF Distribution, LLC		
		Firm/Company	
	P.O. Box 833054		
		Address	
	Miami, FL 33183		
		City/State and Zip Code	·
	rrod72@gmail.com		
For further information (	t-mail address: i concerning this matter, please c	(to be used for future annual report no call:	tification)
Richard Rodriguez	<b>.</b>	305 586-1000	
Name o	of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for t			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RF Distribution, LLC

2021 FEB -4 PM 5: 31

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	TALL SHASSES
The Articles of Organization for this Limited Liability Compa		
Florida document number 1.18000091976		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Dali's Soapworks, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS,	<u> </u>	
	~	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, g	enter the name of the new registero
New Registered Office Address:		
	Enter Florida sweet	address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of my duti is provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
<u> </u>		
If C	hanging Registered Agent, <u>Signa</u>	ture 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>	<u>Address</u>	Type of Action
MGR	Dalila M. Rodriguez	P.O. Box 833054	<b>≅</b> Add
		Miami, FL 33183	_
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			[]Remove
			□Change