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DIVISION OF CORPORATION

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1 8 2018

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COVER LETTER

TO: Registration Sec Division of Corp			
RDTA 2018	B LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JENNIFER A MOODY, O	CPA	
		Name of Person	
	MOODY ACCOUNTING	SERVICES INC	
		Firm/Company	
	160 S UNIVERSITY DR	SUITE E	
		Address	
	PLANTATION, FL 33324	ı	
		City/State and Zip Code	
	JENNIFER@MOODYAC		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
JENNIFER A MOODY		954 423-3577	
Name of	F Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDTA 2018 LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on JUNE 4, 2018	and assig	ned	
This amendment is submitted to amend the following:	 '			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abi	breviation "L.L.(<u></u>	
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDR	RESS)	☆	SS	
		40L	華麗	
		1 8	12 TO F	
		- G	- 25 - 25 - 25 - 25 - 25 - 25 - 25 - 25	
Enter new mailing address, if applicable:		<u>¥</u>	- 1, 16	
(Mailing address MAY BE A POST OFFICE BOX)		<u>ယ</u> သ	<u> </u>	
		26	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office additional environments of New Registered Agent: New Registered Office Address:		the name of	the ne	
	, 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>	<u>Name</u>	Address	Type of Action
MGR	TAMIR ALIMA RT		□ Add
		- <u></u>	■ Remove
MGR	TAMIR ALIMA REVOCABLE TRUS	T JUNE 2018	■ Add
			□ Remove
			□ Change
			□ Remove
			Change
			☐ Add
			□ Remove
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UNE 4, 2018 ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 to the date inserted in this block does not meet the applicable statutory filing requirem nument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 1 he 90th day after the record is filed.	12:01 a.m. on the earl	ier o
ed June 15th, 2015.		
ed Juni 15th , 2018. (thatler a March Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00