118000175659

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COVER LETTER

Registration Section Division of Corporations

O:

	Name of Lim	nited Liability Company	_
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Sakichand Dalchand		
		Name of Person	
	RKD Homes LLC		
	-	Name of Person O Homes LLC Firm/Company 4 West State Road 235 Address hua FL 32615 City/State and Zip Code rv108@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (352	
	10304 West State Road 23	5	
	 -	Address	,
	Sakichand Dalchand Name of Person RKD Homes LLC Firm/Company 10304 West State Road 235 Address Alachua FL 32615 City/State and Zip Code rajnmrv108@gmail.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: at (352		
		City/State and Zip Code	
			~ ¹
	E-mail address: (to be used for future annual report notific	ration)
or further information of	concerning this matter, please c	all:	
akichand Dalchand			
Name o	of Person		Telephone Number
nclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Registration Sect Division of Corpo	orations
	27	The Centre of Ta	llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited		
(11 Fortua Dimino	any as it now appears on our reco Liability Company)	rds.)
ne Articles of Organization for this Limited Liability Company orida document number L18000175659	were filed on July 20th, 2018	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		, ,
rincipal office address MUST BE A STREET ADDRESS)		
		,
nter new mailing address, if applicable:		t
failing address MAY BE A POST OFFICE BOX)		
TC 11 A1 1 A 1 A 14/1 A 160		AL CAL
Name of New Registered Agent:	Enter Florida street addr	ess
	Enter Florida street addr	
Name of New Registered Agent:	Enter Florida street addr , I ,	ess Clorida

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
GR ——–	Sakichand Dalchand	10304 West State Road 235, Alachua FL 32615	≣ Aḋd
			□Remove
			□ Change
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tive date, if other than the date frective date is listed, the date must be a lift the date inserted in this blockment's effective date on the Department.	ate of filing: e specific and cannot be k does not meet the a	pplicable statutor	ng or more than 90 da y filing requiremen	(optional) iys after filing.) P nts, this date wi	ursuant to 605.020 Il not be listed a
ord specifies a delayed effective diffed.	late, but not an effect	ive time, at 12:0	a.m. on the earlie	r of: (b) The 9	00th day after the
October 2nd,	2020				
1 And	gnature of a member or				

If

Filing Fee: \$25.00