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TO:	Registration Se Division of Cor		,	
		tments 2, LLC		
SUBJEC	CT:	Name of Lan	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	ranted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Antonio Escano		
			Name of Person	
		RDA Investments 2, LLC		
			Firm/Company	······································
		8228 NW 8 PI		
			Address	
		Plantation, FL 33324		
		Annal cos	City/State and Zip Code	
		tonyesca ro@hotmail.com	to be used for future annual repo	ort solification)
For furti	her information c	oncerning this matter, please c	all:	
Antonio	o Escano	· ·	954 268-6	590
	Name o	f Person	at () Area Code I	Daytime Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$ 25	.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (add) (certified Copy) (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section on of Corporations	Registration	OURIER ADDRESS: Section Corporations

P.O. Box 6327

Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive, Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDA Investments 2, LLC	
(Name of the Limited Light) by Company as it now (A strayed I mited Liability Con	sppears on our records.) upany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L180000178002	on 07/24/2018 and assigned
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and corrain the words "Limited Liability Compan	y." the designation "LLC" or the abbreviation "L.t. C."
Enter new principal offices address, if applicable:	· .
(Principal office address MUST BE A STREET ADDRESS)	SECRE IVISION 18 AUG
The standard of applicables	FILED OF COR
Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX)	0 R
	2 9 10 K:
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido street address
	. 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 makenge, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Estefania De Armoro Lopez	2021 N Front St	
		Philadelphia, PA 19122	5 0
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Effective date, if other than th	e date of filing:	: cancet he prior t	o date of filing or c	ore than 90 days afte	onal) r filing.) Pursuant to 60	5.020
Note: If the date inserted in this document's effective date on the	block does not me	ect the applica-	ble statutory filin	g requirements, thi	s date will not be list	ted a:
he record specifies a delayo The 90th day after the re	ad effective da cord is filed.	ite, but not	an effective t	ime, at 12:01	a.m. on the earli	ier o
		2018	_·			
Dated						
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