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COVER LETTER

TO:	Registration Secti Division of Corpo							
SUBJI	ECT:	RD Market LLC						
		Name of Limi	ited Liability Company					
The en	closed Articles of Ar	nendment and fee(s) are subi	nitted for tiling.					
Please	return all correspond	ence concerning this matter (to the following:					
		Damic	Name of Person	?mandez				
		Parian Bison Fernandez Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Davian Bison Fernandez Name of Person Firm/Company 3570 NISSION Daviant (a Address Sacksony He FL 32217 City/State and Zip Code Disonal and an interpret notification) Remail address: (to be used for future annual report notification) to concerning this matter, please call: Disonal at (GCH) 790-0807- Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)						
		3570 111	Address	_(
		- Jackson.	City/State and Zin Code					
		Di Sonodumian E-mail address: (1	ondamian pa a mail	- <i>(017</i>)				
For fur	ther information con-							
D	Name of P	Bisono erson	at (<u>fCL</u>) <u>790 - C</u> Area Code Daytime To	0807- elephone Number				
Enclos	ed is a check for the	following amount:						
⊡ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &				

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

KI) illard		·		
(Name of the Limited	i Liability Company A Florida Limited Lia	as it now appears on o bility Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number	9156. ving:		126/2018	and assigned
A. It amending name, enter the new name of	me minted nabin	ty company nere:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	y Company," the designa	tion "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applica	ble:			¥0, 11
(Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			100	AM 7: 42
B. If amending the registered agent and/oregistered agent and/or the new registered off	ice address here:			
Name of New Registered Agent:		<u> Risuro</u>		
New Registered Office Address:		Enter Florida str	eet address	
	Jack	Son Ville	, Florida	32217
		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
MGZ	Raynumdo Pisono Peralta	6551 fa Mirada Dr	Add
	Peralta	W unit 4 Jackson Wille	Remove
		FL 30217	Change
			Add
			Remove
		<u></u>	Change
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ective date, if other than the date of fine effective date is listed, the date must be specific te: If the date inserted in this block does nument's effective date on the Department	c and car not mee	nnot be prion t the appl	icable stat		ore than 90 o		ling.) Pur		
record specifies a delayed effective		e, but n	ot an ef	fective ti	ime, at 1	.2:01 a.	m. on	the ea	ırlier (
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ted Hovember 15 Signature of	_·-	1012	<u>+</u> HBis	on)	terd,	,			

Page 3 of 3

Filing Fee: \$25.00