119000 180557

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coodingle)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400333646924

Ç8/25/19--01818--801 →•33.83

19 AUG 23 -M & II

SEP 0 5 2019 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			•			
CUDII		ulting Group LLC					
Name of Limited Liability Company							
		Amendment and fee(s) are sub	<u>-</u>				
Please	return all correspo	ndence concerning this matter	to the following:				
		Richard DuCharme					
			Name of Person	· 			
		RLD Consulting Group LL	"C				
			Firm/Company				
		1125 Akers Drive					
			Address	·			
		Jacksonville, FL 32225					
		DuCharmeRick2019@gmai	City/State and Zip Code il.com				
		E-mail address: (to be used for future annual report notif	fication)			
For fur	ther information co	oncerning this matter, please ca	all:				
Richar	d DuCharme		904 728-3675				
	Name of	f Person		e Telephone Number			
Enclos	ed is a check for th	ne following amount:					
□ \$2.	5.00 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

उं

	01	, -
		ं हैं न
RLD Consulting Group LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) iited Liability Company)	
		- E
The Articles of Organization for this Limited Liability Comp	pany were filed on 7/12/2019	and assigned
Florida document number L19000180557		5 -
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
RLD Consulting LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our records, en	ter the name of the nov
registered agent and/or the new registered office address		ter the number of the new
N CN B to A		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	. Florida	1
	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>	Name	Address	Type of Action
			□ Remove
			
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
<u></u>			_ □ Add
			Remove
			□ Change
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

				
				_
		, , , , , , , , , , , , , , , , , , , 		
e: If the date inscrted in this	nust be specific and cannot be prior	cable statutory filing req	(optional) nan 90 days after filing.) Pursuant to equirements, this date will not be l	
record specifies a delay ne 90th day after the r		ot an effective time	, at 12:01 a.m. on the ea	rlier d
ed August 21	2019	·		
Quela	DIDu Clar	m C		_
	Signature of a member or auth	iorized representative of a	member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00