

Florida Department of
Division of Corporations
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L19000323028/74

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ITAX GROUP, LLC
Account Number : 120140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LANDERGALARCE@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RD FLORIDA SERVICES LLC

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NOV 3 2019

T. LEMOINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RD FLORIDA SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO LANDER CLAUDIO GALARCE

Name of Person

RD FLORIDA SERVICES LLC

Firm/Company

88234 BAY POINTE DR APT. 105

Address

TAMPA, FL 33615

City/State and Zip Code

landergalarce@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO LANDER CLAUDIO GALARCE

727

600-2661

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED

RD FLORIDA SERVICES LLC

2019 NOV -1 P 2:39

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/14/2019 and assigned Florida document number L19000258174.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DIEGO LANDER CLAUDIO GALARCE

New Registered Office Address:

88234 BAY POINTE DR APT. 105

Enter Florida street address

TAMPA

Florida 33615

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GALARCE, LANDER CLAUDIO	88234 BAY POINTE DR	<input type="checkbox"/> Add
		APT. 105	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33615	<input type="checkbox"/> Change
AMBR	LANDER CLAUDIO GALARCE, DIEGO	88234 BAY POINTE DR	<input checked="" type="checkbox"/> Add
		APT. 105	<input type="checkbox"/> Remove
		TAMPA, FL 33615	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 22/01 2019

Signature of a member or authorized representative of a member

DIEGO LANDER CLAUDIO GALARCE

Typed or printed name of signer