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FILED STATE CORPORATIONS

COVER LETTER

TO: Registration Sec Division of Cor			.
R.D.B. CAI			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Omesh Dalchand		
		Name of Person	
	R.D.B. CAPITAL LLC		
		Firm/Company	
	6816 Cherry Grove Circle		
		Address	
	Orlando, Ft. 32809		
		City/State and Zip Code	
	ryan6628@msn.com	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca		
Omesh Dalchand		407 5903740 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction
Division of Corporations		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.D.B. CAPITAL LLC (Name of the Limited L.) (A F	iability Compai Torida Limited I	ny as it now appears Liability Company)	on our records.)
	lity Company	were filed on 12/0	6/2019 and assigned
Florida document number L19000298076	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liabi	ility company her	<u>e</u> :
The new name must be distinguishable and contain the words	s "Limited Liabil	lity Company," the de-	signation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	ed liability company here: ed Liability Company," the designation "LLC" or the abbreviation " 6816 Cherry Grove Circle Orlando, FL 32809 6816 Cherry Grove Circle Orlando, FL 32809 office address on our records, enter the name of the n	ve Circle
Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 3280)9
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>		
agent and/or the new registered office address h			cords, enter the name of the new regis
 :	6816 Cherry Gr	Const. Circle	
New Registered Office Address:	os to Cherry Ci		da street address
	Orlando		Florida ³²⁸⁰⁹
-		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>	Type of Action
MGR	JON BEAUREGARD	1664 EAGLE NEST CIRCLE	[] \\dd
		WINTER SPRINGS, FL 32708	■Remove
			☐ Change
			□Add
			Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blidocument's effective date on the Do	ock does not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.0207 (3 listed as th
ne record specifies a delayed effective ord is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the c	earlier of: (b) The 90th day	after the
Dated	1:10 PM			
Ch	aul			_
	Signature of a member or author	rized representative of a mo	mber	
Omesh Dalchand				
	Typed or prints	d name of signee		

Filing Fee: \$25.00