120000108758

(Rec	questor's Name)	
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(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section

Division of Cor	porations						
	NCIAL SOLUTIONS LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	RONNIE A WASHINGT	ON					
		Name of Person	-				
	RDL FINANCIAL SOLU	FIONS LLC					
	-	Firm/Company	-				
	801 INTERNATIONAL PKWY SUITE 500						
		Address					
	LAKE MARY, FL 32746						
		City/State and Zip Code					
	E-mail address: (to be used for future annual report no	ification)				
For further information c	oncerning this matter, please c	all:					
RONNIE A WASHING	TON	407 885-1977					
Name of Person		at () Area Code Daytir	ne Telephone Number				
Enclosed is a check for the	he 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 Addres Registration 9		Street Address: Registration Sc	ection				
Division of C	Corporations	Division of Co	rporations				
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monre	Tallahassee be Street, Suite 810				
i ananassee, l	rl 34314	2415 N. Monro	de Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Lin	nited Liability Company as it now ag (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Florida document number <u>L20000108758</u>	Liability Company were filed or	1 04/21/2020 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :
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 appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFIC)</u>	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		ur records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	RONNIE A WASHINGTON	
New Registered Office Address:	3011 PINE OAK TRAIL	
		Florida street address
	SANFORD	Florida ³²⁷⁷³
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DARLENE WASHINGTON	538 NANTUCKET CT APT 103 ALTAMONTE SP	RI □Add
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eord spe s filed.	ecifies a delay	yed effective da	ite, but not a	n effective ti	me, at 12:01	a.m. on the	earlier of: (b)	The 90th	day after the
JUL	Y 12, 2021					^		7	
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Filing Fee: \$25.00