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T. MATTHEWS

FEB - 4 2022

COVER LETTER

TO:

TO: Registration Sec Division of Corp			
		RD HOUSING L.L.C.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	_	Firm/Company	
	17350 STATE HWY 249, #		
		Address	
	HOUSTON, TX, 77064		
	EFILE1234@INCFILE.CO		
For further information c	E-mail address: (t oncerning this matter, please ca	to be used for future annual report notable:	otification)
LOVETTE DOBSON		1 888-462-3	
Name o	f Person	Arca Code Dayı	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 S	
Division of C	Corporations	Division of C The Centre of	-
P.O. Box 632 Tallahassee, I			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		(20 4) 17/12/35
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/26/2020	and assigned
lorida document number 1.20000142824		
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		a ea ta
If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, F	lorida
	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, 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
AMBR	Tina Kalsow	137 Sw 54th Ter	□Add
		Cape Coral, FL 33914	=Remove
			Change
AMBR	Sergei Kalsow	137 Sw 54th Terrace	= Add
		Cape Coral, FL 33914	□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
			□Rеточе
			□Change
			□Add
			□Remove
			□Add
			□Remove

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n effective date is listed, the date must	date of filing: be specific and cannot be prior to date ock does not meet the applicable spartment of State's records.	e of filing or more than 90 o		
	date, but not an effective time, a	t 12:01 a.m. on the earli	er of: (b) The 90th day after	r the
s filed.	2022			
is filed.	, 2022			
is filed.	2022 Olega Kalla Signature of a member or authorized	representative of a member	r	