# h20000370090

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

	SULTING GROUP, 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:	
	RICHARD A SITZER		
		Name of Person	
	RDS CONSULTING GRO	OUP	
	, , , , , , , , , , , , , , , , , , ,	Firm/Company	
	171 BRIGHTVIEW DR.		
		Address	• • • • • • • • • • • • • • • • • • • •
	LALKE MARY FL, 32740	5	
	-	City/State and Zip Code	
	RSITZER53@GMAIL.CO		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
RICHARD A SITZER		386 789-1316	-
Name o	of Person	at () Area Code Daytin	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 5 Division of C	Section	Street Address: Registration Se Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, l	riL 32314	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION AND AND CARRY OF

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### RDS CONSULTING GROUP, LLC

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

The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
Florida document number L20000370090		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	
er		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered o	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:		
N D 1 100 A H		
New Registered Office Address:	Enter Florida street	address
		_, Florida
	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DIANE M SITZER	171 BRIGHTVIEW DR, LAKE MARY, FL. 32746	<b>=</b> Add
			□Remove
			□ Change
			□Add
			□Remove
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ctive date, if other than the date of fil	ling: (optional)
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 605.0
If the date inserted in this block does no ment's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed of State's records.
ord specifies a delayed effective date, but filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
d	- 1
//	
•	A/A/A
Signature of	La member of authorized representative of a member

Filing Fee: \$25.00