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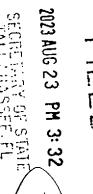
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
AESHA LI	.C			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	unitted for filing		
		<u>-</u>		
r icase return au correspe	ondence concerning this matter	to the following:		
	PAUL J LANE			
		Name of Person		
	PAUL J LANE ESQ. P.A.			
		Firm/Company		
	10380 SW VILLAGE CENTER DR #419			
	· · · · · · · · · · · · · · · · · · ·	Address		
	PORT ST LUCIE, F1. 349	987		
		City/State and Zip Code		
	PJLANELAW@GMAIL.C			
		to be used for future annual report not	ification)	
For Rither mormalion c	oncerning this matter, please c	all:		
PAUL LANE		954 682-4211 at ()		
Name o	f Person	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 S		<u>Street Address:</u> Registration So	ection	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 632 Tallahassee. I			rananassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AESHA LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our re a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	Company were filed on 12/30/2020	and assigned
Florida document number <u>1.21000008681</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
RDT REALTY LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
		2028 SEK
Enter new mailing address, if applicable:		2 C = -
(Mailing address MAY BE A POST OFFICE BOX)		SS TIM
		m ^m ≠ O

B. If amending the registered agent and/or registered	d office address on our records, e	nter the name of the new register
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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			□Change

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lf an ef <u>Note:</u>	ive date, if other than the date of filing: AWWH 1, 2023 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco rd is f	rd 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 fled.
Dated	August 1 2023
	Alt all

Typed or printed name of signee