

# Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969 : (407)674-8970 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	 	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R D I FOOT & WEAR LLC

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF R D I FOOT & WEAR LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>01/27/2021</u> and assigned Florida document number: L21000048928

#### Article I

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C."

#### Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

5401 S KIRKMAN RD, SUITE 135, ORLANDO, FL 32819

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

5401 S KIRKMAN RD, SUITE 135, ORLANDO, FL 32819

### Article IV

B. If amending the registered agent and/or registered 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: US TAX CONSULTING INC

New Registered Office Address: 5401 S KIRKMAN RD, STE 135, ORLANDO, FL 32819

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 flability company har been obtained in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FIL E

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

Title	Name	Address	Type of Action		
			REMOVE		
			ADD		
			REMOVE		
			ADD		
D. Effect	dve date, if other	nformation, enter change(s) here: (Attach additiona	<u>.</u>	<del></del>	
(The effe	ctive date must b n 90 days after th	e specific, cannot be prior to date of receipt or file date this document is filed by the Florida Department	rtment of State)	be	
DATED	AUGUST 09	RDI Foot & V Charles Fr CEO - Executiv	MALLE Froira	uu	
Signature	of a member or	authorized representative of a member			
CHARL	ES GARCEZ FI	ERREIRA / AUTHORIZED MEMBER	— · <b>F</b>	<u>~</u> ′	
Typed or	printed name of	signee		ZEZI AUG	
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