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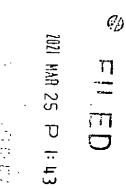
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## **COVER LETTER**

TO: Registration Se Division of Cor		
RJD LEND	ING LLC	
SUBJECT:	Name of Limi	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	ANTHONY SABELLA	
		Name of Person
	LICHTENSTEIN, BRIEFM	MAN & SABELLA PLLC
		Firm/Company
	2501 S TAMIAMI TRAIL	
		Address
	SARASOTA, FL 34239	
	ASABELLA@LBSCPAS.C	City/State and Zip Code
		to be used for future annual report notification)
For further information c	oncerning this matter, please ca	all:
ROBERT DICHIARA		941 224-0805 at ( )
Name o	f Person	Area Code Daytime 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 & □ \$60.00 Filing Fee.  Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee  2415 N. Monroe Street. Suite 8105 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJD LENDING 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 Company were filed on  $\frac{2/17/2021}{1}$ and assigned Florida document number \_\_\_\_\_L21000081067 This amendment is submitted to amend the following: 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address (7) 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 familtar 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 hiability 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
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Filing Fee: \$25.00