

h21 000 314 653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

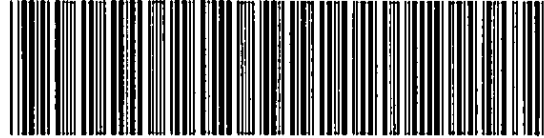
(Document Number)

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21 OCT -5 PM 3:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RDT 1 LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Molly Murphy  
Name of Person

21760 SE 54  
Firm/Company

Suite 102  
Address

Lutz FL 33549  
City/State and Zip Code

molly@murphydevelopment.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Murphy at (813) 283 2558  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RDT 1 LL2001-5 PM 3:10

\_\_\_\_\_  
(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 7.9.21 and assigned  
Florida document number L21000314653

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*

\_\_\_\_\_, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jim Dunphy	21760 SE 54	<input type="checkbox"/> Add
		Ste. 102	<input checked="" type="checkbox"/> Remove
		Lutz FL 33549	<input type="checkbox"/> Change
AMBR	Darin Ross	12824 Dupont Circle	<input type="checkbox"/> Add
		Tampa FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dunphy Development LLC	21760 SE 54	<input checked="" type="checkbox"/> Add
		Ste. 102	<input type="checkbox"/> Remove
		Lutz FL 33549	<input type="checkbox"/> Change
AMBR	Dunphy Properties LLC	21760 SE 54	<input checked="" type="checkbox"/> Add
		<del>Ste. 102</del> Suite 102	<input type="checkbox"/> Remove
		Lutz FL 33549	<input type="checkbox"/> Change
AMBR	SAS Ross Holdings LLC	12824 Dupont Circle	<input checked="" type="checkbox"/> Add
		Tampa FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 OCT 5 PM 3:10

E. Effective date, if other than the date of filing: 9. 27. 21 (optional)

(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

9. 27. 21

2021.

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00