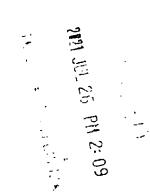
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(Requestor's Name)			
(Address)			
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(Document Number)			
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COVER LETTER

	Registration S Division of Co		·	
CHD ITZ		SULTING DYNAMICS LLC		
SUBJEC	·I:	Name of Limi	ted Liability Company	
The enclo	sed Articles of	f Amendment and fee(s) are sub-	nitted for filing.	
Please ret	turn all corresp	ondence concerning this matter t	to the following:	
		RONNIE A WASHINGTO	N	
			Name of Person	
		RDL CONSULTING DYN	AMICS LLC	
			Firm/Company	
		3011 PINE OAK TRAIL		
			Address	
		SANFORD, FL 32773		
			City/State and Zip Code	
		RWASHINGTONLANDW(@ME.COM o be used for future annual repo	
				n nonneation)
For turth	er information	concerning this matter, please ca	HI:	
RONNIE A WASHINGTON		407 885-19	77	
	Name	of Person	at () Area Code D	aytime Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Addre	
	Registration Division of (Section Corporations	Registratio Division of	n Section Corporations
	P.O. Box 63.			of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDL CONSULTING DYNAMICS LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our rec Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	impany were filed on 07/19/2021	and assigned
Florida document number L21000328653	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u></u>	
		يبي
		20
Enter new mailing address, if applicable:		<i>ټ</i> ۱
Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		7:1
	· -	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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. For removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RONNIE A WASHINGTON	3011 PINE OAK TRAIL SANFORD, FL 32773	🖺 Add
			□Remove
			□Change
			□Add
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fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior to date	(optional)
nter lettive date is used, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable s	statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	
07/21/2021	ı
ned	·
	, ,
· 11 / /	
Signature of a member or authorized	representative of a member

Filing Fee: \$25.00