## K21000393599

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ,

Office Use Only



800375043318

10/18/21--01018--016 ++25.00

M 807 15 711 3:05

T. MATTHEWS

DEC - 3 2021



October 27, 2021

PRAVINKUMAR PATEL 1211 N FLORIDA AVE HERNANDO, FL 34442

SUBJECT: RD ONE LLC Ref. Number: L21000393599

We have received your document for RD ONE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 921A00026207

www.sunbiz.org

Notice of Community D.O. DOY COOK M. N.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RD One LLC			2021 MON 15 MILL: 05
(Name of the Limit	ed Liability Com (A Florida Limite	pany as it now appears on our red Liability Company)	cords.)
Articles of Organization for this Limited Li	ability Compar	ny were filed on 09/03/2021	and assigned
s amendment is submitted to amend the follo	owing:		21 KCY
If amending name, <u>enter the new name of</u>	the limited lis	bility company here:	
new name must be distinguishable and contain the w	ords "Limited Lia	hility Company," the designation "	T.I.C" or the abbreviation "I.I.C:"
er new principal offices address, if applica		N/A	9. ;. 
ncipal office address MUST BE A STREE	T ADDRESS)		
er new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or rent and/or the new registered office addres	0	e address on our records, <u>er</u>	nter the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street ac	ddress
			Im autolo
		City	, Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 21 NOT 15 PH 3	: 05 Type of Action
MGRM	Kanaiyalal S Patel	9221 Lido LN	,
		Port Richey, FL 34668	
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			☐Change
			□Add
			□Remove
			Change
		<u> </u>	□Add
			□Remove
			□ Change
			□ Add
			□Remove
		-	Change

	21 NOW 15 PH 3: 05
-	
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and content. If the date inserted in this block does not meal document's effective date on the Department of Sta	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 et the applicable statutory filing requirements, this date will not be listed as the te's records.
record specifies a delayed effective date, but not ard is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 11 - 8 - 2021  PPPL.	<del></del>
0 P PHOL.	
$\nu$ / / $\nu$	