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02/12/24--01017--018 **38.80

02/27/24



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: R & D Un	derground LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Medardo Gomez		
		Name of Person	
	R & D Underground LLC		
		Firm/Company	
	2911 NW 154th Terrace		
		Address	
	Miami, Fl. 33054		
		City/State and Zip Code	
	wmacccorp2011@outlook.e E-mail address: (to be used for future annual report notifical	tion)
For further information	concerning this matter, please c	-	B12
Medardo Gomez		786 343-3433	2 1
Name (of Person	at () Area Code Daytime Te	clephone Number FL STATE
Enclosed is a check for t	the following amount:		·
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Capy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Revistration		Street Address:	NO.

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

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**

R & D Underground LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florid:	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L22000062092</u>	Company were filed on 02/06/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the a	ubbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:		T
New Negistered Ornee Address.	Enter Florida street address	
	, Florida	<u> </u>
	City	Zip Code X
New Registered Agent's Signature, if changing Registered	d Agent:	STA: 8: 5
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered agbeing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I am gent as provided for in Chapter 605, F.S. Or	gree to comply with the familiar with and , if this document is

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
MGR	Ridel Lezcano	2911 NW 154th Terrace Miami, FL. 33054	🗆 Add
			Remove
			□Change
			∐Add
			□Remove
		-	□Change
			🗆 Add
			CRemove
			□Change
			∴ Add
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Effecti	ve date, if other than the date of filing:	
Note:	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	be listed:
docume	ent's effective date on the Department of State's records.	55
e recore	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dated.	ay after th
ord is file	February 6 2024	
ord is file	THE STATE OF THE S	
ord is tile	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00