L23000380169

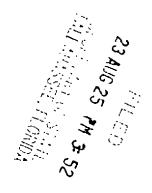
(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	RDSR LLC			
SUBJEC	1:		nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		RUSDEL DEL SOL		
		***********	Name of Person	
		RDSR LLC		
			Firm/Company	, <u>, , , , , , , , , , , , , , , , , , </u>
		6193 NW 183 ST #17390	3	
			Address	
		HIALEAH, FL 33015		
		RDSRLLC@GMAIL.COM	City/State and Zip Code	
		-	to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please c	all:	
RUSDEL	DEL SOL		305 764-1433	
	Name o	f Person		me Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.0	0 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)
	Aailing Addres		Street Address:	
	Registration S Division of C		Registration S Division of Co	
	D Box 632		The Centre of	•

P.O. Box 6327

Tallahassee, FL 32314

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

23 NUC 25 MA 352 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATIO **OF**

RDSR LLC

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

Florida document number L23000380169		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
RDSR6 LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
- man man garage and the plantage of		
(Mailing address MAY BE A POST OFFICE BOX)	ce address on our recor	rds enter the name of the naw registers
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our recor	ds, enter the name of the new registere
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our recor	ds, enter the name of the new registere
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our recor	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		treet address
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida s City	treet address

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 = 'Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			ПRетюче
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Filing Fee: \$25.00