## L23000431790

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

FREE AMENDMENT FILEO IN ERROR NAME NOT AVAILABLE.



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## **COVER LETTER**

	Registration Se Division of Cor						
SE0 150		RS CONSUL	TING GROUP, LL	C			
SUBJEC		Name of Lim	Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
			Roie Sasson				
			Roie Sasson Name of Person  Firm/Company 20 E Cypresshead Dr. Address Parkland, FL 33067 City/State and Zip Code ieSasson@gmail.com  To to the following:  Roie Sasson@gmail.com				
		<del></del>	Firm/Company				
6720 E Cypresshead Dr.							
		Address					
		Pa	arkland, FL 33067				
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For furth	ier information c	oncerning this matter, please c		,	24 HAF ECRE	7	
Roie Sasson		at (_786_)		R27 TARY ASSE			
	Name o	r Person	Area Code D	aytime Telephone Number	PH 3	ED	
Enclosed	l is a check for th	ne following amount:			7: 34 DRIDA		
□ S25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificat Certified	e of Status & Copy		
	Mailing Addres Registration 5 Division of C	Section	Registration	n Section			
	P.O. Box 632						

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.S. Consulta	ants LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	y were filed on <u>Sept</u>	ember 15, 2023 and assigned
Florida document number <u>L23000431790</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
RS CONSULTING GROUP, LL	C	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "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 agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	24 HAR 27 PH registrate TALL AHASSEE. For the name of
New Registered Office Address:		
	Enter Florida sii	vet address
	, zu	Florida Zip Code
	Ciţy	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

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(If an effective date   <u>Note:</u> If the da	, if other than the date of fi e is listed, the date must be specific te inserted in this block does n ective date on the Department	e and cannot be prior to o not meet the applicabl	late of filing or mor	(option) e than 90 days after fit requirements, this d	ing.) Pursuant	to 605.020 be listed a	17 (3) is the
ne record specific ord is filed.	es a delayed effective date, but	not an effective time	, at 12:01 a.m. or	the earlier of: (b)	The 90th do	y after the	c
Dated	March 27	2024					
			4				
	Signature of	of a member or authoriz	ed representative o	f a member			
			•				

Filing Fee: \$25.00