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(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RDA FLORIDA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISETTE LIFSCHITZ CPA

Name of Person

L&L ACCOUNTING SERVICES PA

Firm/Company

3625 N COUNTRY CLUB DR APT 1003

Address

AVENTURA, FL 33180

City/State and Zip Code

LISETTE@LIFCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Abadi at (41) 7869679816  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## RDA FLORIDA LLC

**If Changing Registered Agent, Signature of New Registered Agent**

his document is  
d liability.

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DANIELA ABADI GALANTE	170 SE 14TH ST APT 2105	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ABADI MIZRAHI, SAMI H	170 SE 14TH ST APT 2105	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SOUTH DAKOTA  
SIOUX FALLS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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
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E. Effective date, if other than the date of filing: May 7th, 2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 7th, 2024

  
Signature of a member or authorized representative of a member

Daniela Abaci  
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FL