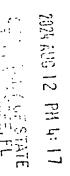
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions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







## **COVER LETTER**

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TO: Registration So Division of Cor					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LISETTE LIFSCHITZ CP	'A			
	<del></del>	Name of Person			
	ORIDA LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence 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-maif address: (to be used for future annual report notification)  n concerning this matter, please call:  c of Person  at (_s				
	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)					
	-	to be used for future annual report notifi	ication)		
For further information of					
Daniela Abadi		at (_ <sub>+1</sub> ) _7869679816			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &		
Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Sec Division of Corp The Centre of Ta	tion PP porations PS Final PP porations PS Final PP properties PP proper	lame lame	
· ····································					

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDA FLORIDA LLC

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

(11 Milaa Millioo I	yaariity Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/23/2024	and assigned
Florida document number L24000042884		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "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:	nddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flo	orida
New Registered Agent's Signature, if changing Registered Agent:	•	-
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, an provided for in Chapter 605, I	nd I am famitiar with and F.S. Or. if this document is
company has been notified in writing of this change.		2 P

If Changing Registered Agent, Signature of New Registered Pernt

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>	Name	Address	Type of Action
AMBR	DANIELA ABADI GALANTE	170 SE 14TH ST APT 2105	■Add
		MIAMI, FL 33131	□Remove
AMBR	ABADI MIZRAHI, SAMI H	170 SE 14TH ST APT 2105	□ Add
		MIAMI, FL 33131	■Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
			□Change
			□Remove  C
			Add Signal

lfam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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	<del></del>
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	, <u>.</u>
Note:	ive date, if other than the date of filing: May 7th, 2024 (optional) feetive 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them is effective date on the Department of State's records.
he reco ord is f	rd 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 led.
Dated	_May_7th
	Signature of a member or authorized representative of a member
	Daniela Abacı Typed or printed name of signee

Filing Fee: \$25.00

2024 NUG 12 PH 4: 11