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## COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** RD PROPERTY PILLO SUBJECT: \_ 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: Gregory R. Fishman Name of Person Gregory R. Fishman, PA Firm/Company 2750 NE 185 Street, Suite 204 Address Aventura, FL 33180 City/State and Zip Code greg@grfpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gregory R Fishman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RD PROPERTY 1 LLC	
( <u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Company)	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{1.24000057026}{1.000000000000000000000000000000000000$	I on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," 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 address or agent and/or the new registered office address here:	n our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address

## 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 dogument 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida \_

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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	GANCHEVA. MAGDALENA	1000 WEST AVENUE, SUITE 408	□Add
		Miami Beach, FL 33139	■Remove
			□Change
MGR	DHOLS, RAYMOND	1000 WEST AVENUE, SUITE 1105	■Add
		Miami Beach, FL 33139	
			□Change
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Note: If the date in document's effective	other than the date of filing:  isted, the date must be specific and cannot be prior to date of filing or more that is serted in this block does not meet the applicable statutory filing require date on the Department of State's records.  delayed effective date, but not an effective time, at 12:01 a.m. on the	irements, this date will not be listed as th
September 9 Dated	. 2024	
		2524.5
- /	Signature of a member or authorized representative of a m	nember - 3
Gregory	R. Fishman, Authorized Representative	;;_ <b>\</b>
	Typed or printed name of signee	

Filing Fee: \$25.00