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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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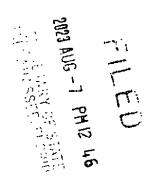
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LLC N/C Amend

08/07/23--01080--021 **80.00



A. RAMSEY AUG 252023

COVER LETTER

Division of Cor		•	٠
RAPID-TR	ACE, LLC.		
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:	
	Scott Rodriguez		
		Name of Person	
	Resolution One		
		Firm/Company	
	8950 9TH STREET N. SU	TTE # 140	
		Address	
	St. Petersburg, FL 33702		
		City/State and Zip Code	
	s.rodriguez@resolution-one	com to be used for future annual report no	diffication)
For further information of	concerning this matter, please c		with the state of
Scott Rodriguez		813 431-2768 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address; Registration S	ection
Division of O P.O. Box 63:	Corporations	Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2023 AUG -7 PM 12 46

RAPID-TRACE, LLC.

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

The Articles of Organization for this Limited Liability Company villability Company vi	were filed on 5/28/2020)	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Resolution One, LLC.			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designat	ion "LLC" or the abbr	reviation "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 acagent and/or the new registered office address here:	ddress on our records	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre		
	rmer r toriaa stre	et aaaress	
	City	, Florida	7in Coda
Non-Donderson & Company of the Compa	Ciù		z.p 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 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
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	10 August 2023
feet n efi	ive date, if other than the date of filing:
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cun	ent's effective date on the Department of State's records.
ecoi is fi	d 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.
	August, 2. 2023.
RCU	
	Signature of a member or authorized representative of a member
	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Scott Rodriguez.

Filing Fee: \$25.00