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COVER LETTER

TO:

TO: Registration Division of C						
	DED APE HOLDING AND TRAI	DING LLC	,•			
SUBJECT:	Name of Limit					
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.				
Please return all corres	spondence concerning this matter t	o the following:				
	Frank Paterniti		_			
		Name of Person				
	RETARDED APE HOLDE	NG AND TRADING LLC				
		Firm/Company		202		
	1128 Fairvilla Dr		; ·		; i	
		Address		C.,	•	
	New Smyrna Beach, FL 32	168	1	= 3		
		City/State and Zip Code		2:05	No. 1	
	E-mail address: (t	o be used for future annual report no	tification)			
For further informatio	n concerning this matter, please ca	all:				
RETARDED APE HO	OLDING AND TRADING ELC	253 6864869 at ()				
Nam	e of Person	Area Code Dayti	me Telephone Number	<u>-</u>		
Enclosed is a check fu	or the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	rate of Status &		
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration S				
Division o	f Corporations	Division of Co The Centre of	•			
P.O. Box 6 Tallahasse	e, FL 32314		oe Street, Suite 8	310		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETARDED APE HOLDING AND TRADING LLC	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ow appears on our records.) Ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L21000096064</u> .	ed on 02/26/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Reasonable Approach Managment LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	C7
	ii
Face - an mailing address: if applicables	10 10
Enter new mailing address, if applicable:	70 50
(Mailing address MAY BE A POST OFFICE BOX)	
	<i>U</i> i
B. If amending the registered agent and/or registered office address of	on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	<u></u>
New Registered Office Address:	Enter Florida street address
Cin	Florida
() to	Z.II/ 3. DGC

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> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			Remove
			□ Add □ Remove
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		05/12/20	. .				
ective date, if other than a effective date is listed, the date	the date of fi	lling:		or more than 90	(optional) •) Pursuant to 60	5.020
te: If the date inserted in the	is block does n	ot meet the app	licable statutory	tiling requiren	ents, this dat	e will not be lis	ited as
cument's effective date on th	ie Department	of State's recor	is.				
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ecord specifies a delayed effe is filed.	ective date, but	not an enecuve	mire, at 12.01	(iii the cui			
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ted May 16	/	2021	·				
11	. /						

Typed or printed name of signee