10700006994

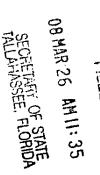
(Red	questor's Name)	
(Add	dress)	·
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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03/26/08--01006--015 **25.00



M. Thomas MAR 2 7 2000

COVER LETTER

TO: Registration Section Division of Corporation	18 '	
SUBJECT: RAP HOLDING	(Name of Limited Liability Company)	-
	nent and fee(s) are submitted for filing. concerning this matter to the following:	
RHC	ONNY ALEX (Name of Person)	_
RAP	P HOLDINGS, LLC (Firm/Company)	- 08
<u>1500</u>	08 MAR 26 MIN: 35 08 MAR 26 MIN: 35 FECRETARY OF STATE FALLAHASSEE FLORID	
вос	CA RATON, FLORIDA 33486 (City/State and Zip Code)	MII:3
For further information concerning		設制が
RHONNY ALEX (Name of Person)	at (954) 963-9400 (Area Code & Daytime Telephone Num	iber)
Enclosed is a check for the follow	ring amount:	
	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
MAILING AD	DRESS: STREET/COURIER ADDRESS:	•

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAP HOLDINGS, 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 were filed on 18, 20	o 7 and assigned		
Florida document number <u>L0700006994</u> .			
This amendment is submitted to amend the following:			
	08.		
A. If amending name, enter the new name of the limited liability company here:	08 MAR 26		
RAP HOLDINGS AND RELOCATION, LLC	至 26		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." B. If amending the registered agent and/or registered office address on our records, enteresistered agent and/or the new registered office address here:	OF STATE		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
. Florida	. Florida		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			

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 608, 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

WICHTII W	lanaging Member				
Title	<u>Name</u>		<u>Address</u>		Type of Action
<u></u>					Add Remove
					Add Remove
					Add Add A 26
					Add FF O
	 				Add Remove
			····		Add Remove
D. If amend	ling any other info	rmation, enter cha	ange(s) here: (Attach additi	,	
					
					-
Dated MAF	CH 24	K	iber or authorized representati	De of a member	
	RHO	DNUY AC	ped or printed name of signee	ve or a memoer	

Page 2 of 2

Filing Fee: \$25.00