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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Lapid Response Team, LLC				
SUBJECT: Rapid Response Team, LLC 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:				
Brett Ross Frankel, Esquire Name of Person				
Name of Person				
Rapid Response Team, LLC Firm/Company				
Firm/Company				
Address				
Boca Raten, FL 33487 City/State and Zip Code I frankel @gma. 1. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brett Rossi Frankel at (561) 417-1198 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rapid Response Team,			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	l Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compan	ny were filed onA_	ori1, 8, 2000	and assigned
Florida document number $\angle \phi 9 \phi \phi \phi 338\%$.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	2:	
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Compar	ny," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:		PC:	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	11274
		ASS.	(J)
		SSEE.	3 M
Enter new mailing address, if applicable:			() [
(Mailing address MAY BE A POST OFFICE BOX)		COF STATE	(i)
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street addre	ess
		, Florida	
	City		Zip 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 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 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:

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** Eppl Broken Sound Parkway 65. TWO, LLC MGRM ☐ Add Suite 2pg Remove BOCA Ruton, FL 35487 6001 Broleen Sound Parkay X Add Del Re Holdings, Inc. suite coo Remove BOCK RATON, FL Remove ☐ Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 21 , 2011

MGR = Manager

Signature of a member or authorized representative of a member

Brett Ross Frankel, asquire

Typed or printed name of signee

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Filing Fee: \$25.00