L11000024419

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE

APR 17 2013 D. BRUCE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|-------------|
| SUBJECT: RAPI EXPRESS SERVICE, 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: | |
| Pablo E. Díaz Name of Person | |
| RAPI EXPRESS SERVICE, LLC. | |
| 3204 Reserve CT | |
| Orlando, Fl 32025 City/State and Zip Code Pabloemilio155010 hotmail.com E-mail address: (to be used for future annual report notification) | |
| City/State and Zip Code Pabloemilio 15501@ Wotmail.com E-mail address: (to be used for future annual report notification) | ٦ |
| For further information concerning this matter, please call: | 57 2 |
| Pablo E. Díaz Name of Person at (407) 284-2047 · For so | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | 1 |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RAPI EXPRESS SER | LYICE, LLC | |
|---|--|--|
| Name of the Limited Liability Company (A Florida Limited Liability Company) | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L 11000024419</u> . | were filed on 02/28/11 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | ed Liability Company," the designation ' | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 7. 20 20 |
| | | ECRETA: |
| Enter new mailing address, if applicable: | | MC # 1244 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 77 I |
| | | 9: 49 9: 49 |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | | |
| Name of New Registered Agent: PAB | LD E. DIAZ | |
| New Registered Office Address: | Enter Florida street aa | Idress |
| | | |
| | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | ete performance of my duties, and I rovided for in Chapter 608, F.S. Or | am familiar with and ; if this document is |

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

| MGRM = Ma | anaging Member | | |
|--------------|----------------|------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGRM | Pablo E. Díaz | 3204 Reserve CT | Add |
| | | Orlando FL 32825 | Remove |
| <u>MGRM</u> | Adriana Díaz | 3204 Reserve CT | Add |
| | | Orlando FL 32825 | Remove |
| | | | Add |
| | | | Remove |
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| April 10 | | ·. | |
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| F100 | naua VIII | thorized representative of | |

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Filing Fee: \$25.00

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