

11/29/11 09:57 FAX 9544368195

Jennifer L. Schechtman

001

Page 1 of 1

L1100099534

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000270331 3)))



H110002703313ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SANDRA ROLON & ASSOCIATES, CPA, PA
Account Number : I19980000068
Phone : (954) 437-0700
Fax Number : (954) 436-8195

2011 NOV 29 AM 8:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RAPID RATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

11 NOV 29 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

C. LEWIS
NOV 30 2011
Help EXAMINER

11/29/11 09:57 FAX 9544388195

Jennifer L. Schechtman

002

H11000270331 3
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2011 NOV 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAPID RATE, 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 8/30/2011 and assigned
Florida document number L11000099534

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

H11000270331 3

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 = Managing Member

Title	Name	Address	Type of Action
MGRM	JONATHAN PERQUE	9946 NW 9 COURT PLANTATION FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JONATHAN PERQUE	9946 NW 9 COURT PLANTATION FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 29, 2011

Signature of a member or authorized representative of a member

GULTEKIN GUREL

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H11000270331 3

FILED
2011 NOV 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA