L14000037045

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co	orporations	• • •	•
Rapptor's	LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Kelly Rapp		
		Name of Person	
	Rapptor's LLC		
	-	Firm/Company	
	1136 Timberbend Circle		
		Address	
	Orlando, FL 32824		
	<u> </u>	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further information	concerning this matter, please c	all:	
Rachel Collins		407 792-2672	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of (Section Corporations	Registration Sec Division of Cor	
P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Rapptor's LLC

SECRETARY OF STATE TALLAHASSEE, FLORG

(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 Lia	ability Company	were filed on $\frac{03/05}{2}$	5/2014 and assigned
Florida document number L14000037045			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	<u>t</u> he limited lial	oility company here	<u>e</u> :
The new name must be distinguishable and contain the wo	ords "Limited Liabi	ility Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica			
(Principal office address MUST BE A STREET		Orlando, FL 3282	4
Enter new mailing address, if applicable:		1136 Timberbend	Circle
(Mailing address MAY BE A POST OFFICE E	Orlando, FL 32824 Dele: I 136 Timberbend Circle Orlando, FL 32824 Orlando, FL 32824 Ind/or registered office address on our records, enter the name of the new registered address here:		
Name of New Registered Agent:		address on our rec	oras, enter the name of the new registere
New Registered Office Address:	1136 Timberbe	end Circle	
		Enter Florida	a street address
	Orlando		, Florida ³²⁸²⁴
No. D. Co. Land Of the Co.		City	Zip Code
New Registered Agent's Signature, if changing R		•	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as _l egistered office	performance of m provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
	If Chai	nging Registered Agen	t, Signature of New Registered Agent

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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Zachary Thorpe	1136 Timberbend Circle	
		Orlando, FL 32824	□Remove
			□Change
			□Add
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an effecti <u>ote:</u> If t	late, if other than the deduce date is listed, the date must be date inserted in this blocks effective date on the Dep	e specific and cann k does not meet t	he applicable s	atutory filing re-	quirements, this	iling.) Pursuant to 6 date will not be li	05.0207 sted as
record sp is filed.	ecifies a delayed effective	date, but not an ef	ffective time, a	12:01 a.m. on th	ne earlier of: (b)	The 90th day at	ter the
Sep	ember 10th	20	21				
		Tri ()				
		Sellidie	<u>y</u>				
	3	gnature of memb	er or authorized	representative of a	member		

Filing Fee: \$25.00