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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rapid Merchant Cash 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:
Robert Pett Apiece
Rapid Merchant Cash
3109 General Taylor Street
New Orleans, LA 70125
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Pettaprece at (954), 668-3253 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3-15-16 Florida document number <u>L 16000 1301.46</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City 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 605, 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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove

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(If an effective date is Note: If the date i	other than the date of listed, the date must be spe inserted in this block doo we date on the Departm	ecific and cannot be es not meet the a	pplicable statutory	or more than 90 days af	ter filing.) Pursuant to 60	05.0207 (3) sted as the
	fies a delayed effect after the record is		t not an effecti	ve time, at 12:01	l a.m. on the ear	lier of:
Dated	25	<u> 20</u>	18			
B	obert Persignan	Hape ure of a member or	ece authorized represent	tative of a member		
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Page 3 of 3

Filing Fee: \$25.00