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D. SCOTT DEC 19 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RAPE CA TRANSPORTATION LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
ueltschi ¿ Co. Firm/Company
Firm/Company
32 S. Osprey Ave #101
Address
Sarasoha, FL 34236
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Favorato Wiltschi at (941) 549 - 8549  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$ Certificate of Status & Certificate of S

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

/NI Cab 11: 14	I TRANSPORTATION O		
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L 17 0</u> 000 33 /	_	2/10/2017	and assigned
his amendment is submitted to amend the follo			
. If amending name, enter the new name of	the limited liability company he	ere:	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	lesignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if application	able:		<u>.                                      </u>
<u>Principal office address MUST BE A STREE</u>	T ADDRESS)		
inter new mailing address, if applicable:	<del></del>		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE of the second agent and/segistered agent and/or the new registered of the Name of New Registered Agent.	or registered office address on fice address here:		-
Mailing address MAY BE A POST OFFICE of the second segment and/or the new registered of the Name of New Registered Agent:	or registered office address on fice address here:		-
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Mailing address MAY BE A POST OFFICE of the segment and/or the new registered of the Name of New Registered Agent:	or registered office address on fice address here:  £ava(av U) / S  32 S. Osprey Ave  Enter Flo.		

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager - AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>NBR</u>	PEDRUI. ROSALES	4015 BURL WOOD RD	□ Add
		SARASOTA FL 34233	Remove
			Change
			Remove
			Change
			Remove
			Change
			🗆 Add
			Remove
			Change
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			Remove
			Change
	<del></del>		
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
If an e Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 ecember 14th 2017
	Man par
	Signature of amember or authorized representative of a member
	ZHMON LIRA-
	Typed or printed name of signee

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Filing Fee: \$25.00