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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

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İι leastellaste RADIS SALVICES SUBJECT: ame 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:

Rogeto Parez Name of Person Proposi Service Wardwide U(Firm/Company 711 NW 23 Stiret Address M:AM. FL. 33127 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

₿ \$25.00 Filing Fee

□ \$30.00 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 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 A | MENDMENT |
|---|--|
| · · · · · TO |) |
| ARTICLES OF O | RGANIZATION |
| OF | 7 |
| RAPIS Services (Name of the Limited Liability Compan (A Florida Limited Liability | v as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company w | vere filed on 7-24-2017 and assigned |
| Florida document number <u> </u> | · · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | <u>ity company here</u> : |
| The new name must be distinguishable and contain the words "Limited Liabilit | y 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) | |
| | TA |
| | |
| Enter new mailing address, if applicable: | |
| | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | <u> </u> |
| 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: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | |
| | Florida City: Zip Code |
| | |

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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, D. Mamending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | 8/30/ 2018 |
|-------|--|
| | Signature of a member rauthorized representative of a member ALFVCL BOV925 Typed or printed name of signee |
| | |

Page 3 of 3

Filing Fee: \$25.00