

L17000204485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

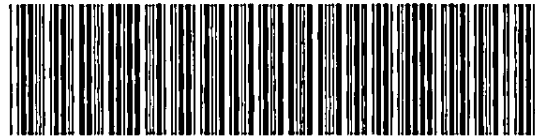
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 OCT -1 PM 12:20

N. COOPER

OCT 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Its a R.A.P. Construction LLC
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:

Nathan Ryder
Name of Person

Its a R.A.P. Construction LLC
Firm/Company

46028 Stetson Rd
Address

Jacksonville, FL 32217
City/State and Zip Code

ryderdie10@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan Ryder at (904) 463-9851
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H5 A R.A.P. Construction 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 Oct. 3, 2017 and assigned Florida document number L17000204485.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6028 Stetson Rd
Jacksonville FL
32217

18 OCT - 1 PM 12:20

SECTION
CLERK OF
SUPERIOR
COURT
JUDICIAL
DIVISION

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6028 Stetson Rd
Jacksonville FL
32217

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
(AP) AMBR	Shawn K. Brown	3856 Autumn Leaf Ct.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR (AP)			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

18 OCT - 1 PM 12:20

SECRETARY OF STATE
DIVISION OF CONSULAR AFFAIRS
18 OCT - 1 PM 12:20

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 Sept. 24 2018

Wm. O.

Signature of a member or authorized representative of a member

Vanessa Wood (MGR)

Typed or printed name of signee