

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500305181905

11/02/17--01029--029 **25.00

6年8月872-月月13

NOV 0 3 2017 Y SULKER

COVER LETTER

SUBJECT: RAPID COURIER SHIPPING 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:
Morth Lauderdale 51 33068
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thelma Johnson at 754, 252-3097 Name of Person at 754, 252-3097 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

OI.	
Rapid Course (Name of the Limited Liability Compan- (A Florida Limited Liability Compan-	Shipping LLC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number 200305109842	were filed on $10-29-201$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	y Company," the designation "L.L.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA ====================================
B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	MA
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>	Address	Type of Action
MGR	Timothy Glinton	6047 Kimberly DWD	Add
	· · ·	North Lauderdale +	‡ ∪ Remove
		Morth Lauderdale # 33068	Change
			□ Add
			Remove
			🗆 Change
			Add
		17 F 7 V	
		t ra	Change
		新 	🗆 Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			_O Add
			_□ Remove
			□ Change

amending any other information, enter change(s) here: (Attach ad	aitional sneets	, if necess	ary.)
			
			
			
	·		
	•		···
			
			=======================================

	·····	· <u>·</u>	
		**	- 6
			9
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory becament's effective date on the Department of State's records.			ng.) Pursuant to 605.020
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	ve time, at 1	2:01 a.m	n. on the earlier o
ated Nov 31 st . 2017.	John		
Tholma.			
Signature of a member of authorized represent	ative of a membe	г	

Page 3 of 3

Filing Fee: \$25.00