## L18000125786

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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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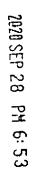
Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	UCKING PLUS LLC			
SUBJECT:	Name of Lim	ited Liability Company	····	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LAZARO DOMINGUEZ			
		Name of Person	·	
	<del> </del>	Firm/Company	<u></u>	
	461 EVERGLADES BLV	D S		
		Address		
	NAPLES FL 34117			
	a-shortDannide-ud-incom-la	City/State and Zip Code		
	arelys@rapidtruckingnaple E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
LAZARO DOMINGUE	Z	239 370-1278		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 radditional copy is enclosed)	
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAPID TRUCKING PLUS 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 05/18/2020 Florida document number  $\underline{L18000125786}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RAPID PLUS LLC 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: LAZARO DOMINGUEZ Name of New Registered Agent: 461 EVERGLADES BLVD S New Registered Office Address: Enter Florida street address NAPLES

## 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. Thereby 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	LAZARO DOMINGUEZ	461 EVERGLADES BLVD S	□Add
		NAPLES FL 34117	□Remove
			<b>⊞</b> Change
MGR	RAPID TRUCKING HOLDING		□Add
			■Remove
			□Change
			□∧dd
			□Remove
			□ Change
			□Add
			Remove
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			□Remove

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u> </u>
T . C.	
(If an e <u>Note</u>	tive date, if other than the date of filing:
he rece ord is:	ord 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 filed.
Date	1 <u>SCPT, 24</u> . <u>2070</u> .
	Signature of a member or authorized representative of a member
	LAZARO D DOMINGUEZ  Typed or printed name of signee

Filing Fee: \$25.00