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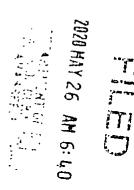
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S. YOUNG

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

**Division of Corporations** Entity Name Change (Rapid Express Enterprise LLC) SUBJECT: \_\_ 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: Franck Paul Name of Person Rapid Express Enterprise LLC Firm/Company 2211 Greenview Circle Address Orlando, Florida 32808 City/State and Zip Code pfd619@Gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Franck Paul 947-5436 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address: Street Address: Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

207

Rapid Express Enterprise	e LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	26
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on	08/07/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
Rapid X Group LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	gnation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2211 Greenview C	ircle	
(Principal office address MUST BE A STREET ADDRESS)	Orlando,FL 32808		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	ords, <u>enter the</u>	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Floric	la
	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

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Fffective du	te, if other than the dat	05/18/2020		(optional)	
(If an effective d	date is listed, the date must be date inserted in this block effective date on the Depar	specific and cannot be prior to does not meet the applical	o date of filing or more than the statutory filing requ	n 90 days after filing.) Pursu	ant to 605.0207 (3), of be listed as the
he record speci ord is filed.	ifies a delayed effective da	te, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
Dated	May,16	2020			
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	Sign	nature of a member of author	ized representative of a m	ember	<del></del> -
		FRANCK PAUL			
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