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SECRETARY OF STATE
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DEC TO 211

COVER LETTER

TO:	Registration Se Division of Cor			
CHDIC	Rapid Suite	, LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please (return all correspo	ndence concerning this matter	to the following:	
		Menachem Wolosow		
		Rapid Suite, LLC	Name of Person	
		401 N FEDERAL HIGHW	Firm/Company /AY APT 502	
		HALLANDALE BEACH,	Address FL 33009	
		mendywoly@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furt	ther information co	oncerning this matter, please ca	all:	
Menacl	hem Wolosow		774 2733322	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 Filing Fee	S \$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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company es it now appr	rers on our records)
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Correct the Company were filed on Correct the Correct Company were filed on Correct Corr	01/24/2019 and assigned
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
Refund Locker, LLC	
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)	
	SERVE OF THE
Enter new mailing address, if applicable:	ૂં° ≩
(Mailing address MAY BE A POST OFFICE BOX)	- <u>9</u> 9
Maining address MAT BE A FOST OFFICE BOAY	
	<i>\$</i>
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, enter the name of the
Name of New Registered Agent.	
New Registered Office Address:	
Enter F.	lorida street address
	, Florida
Ciŋ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
l hereby accept the appointment as registered agent and agree to act in thi. provisions of all statutes relative to the proper and complete performance o	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
			Add
			☐ Remove
			Add
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tive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of fi If the date inserted in this block does not meet the applicable statute	
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effe e 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlie
s sour de, and the recent is mean	
November 20, 2019.	
November 20, 2019.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00