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AUG 07 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rapid Tax Fig. 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:
Ryan Milicic
Rapid Tax Firm/LLC
1267 S. 115 Huy 1792
Longwood FL 32750
City/State and Zip Code Capid tax refunds 1267@ gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pyan Milicic at (32) 696-1892 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, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION **OF**

Rapid 10	x fi	rm,	LLC			
(Name of the Limited Liability (A Florida	y Company as it no Limited Liability C	ow appears of o ompany)	<u>ur records,</u>)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L1900 15566</u> (ompany were file	ed on JU	ne 12, ã	3019 an	d assig	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability com	ı <u>pany here</u> :				
The new name must be distinguishable and contain the words "Limit	ted Liability Compa	iny," the designat	tion "LLC" or the	abbreviation	on "L.L.(C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR	ESS)	·····		7-2		
				<i>3</i>		-17
				,	29	
Enter new mailing address, if applicable:				<u> </u>		· · i
(Mailing address MAY BE A POST OFFICE BOX)					<u>ದಾ_</u>	
				<u> </u>	: 2	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		lress on our	records, ent	er the na	<u>ime_of</u>	the nev
Name of New Registered Agent:		<u>.</u>				
New Registered Office Address:						
		Enter Florida stre	et address			
			, Florida į			
	City			Zip C	Sode =	
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 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Charles Marcone Jr.	331 Haverlake Circle	🗆 Add
		331 Haverlake Circle Agapka FL 32712	Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			🗖 Change
			🗆 Add
			□ Remove
			☐ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec <u>Note:</u> I	e date, if other than the date of filing:
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	July 24th 2019
	Signature of a member or authorized representative of a member
	Ryan Milicia Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00