## 49000 158093

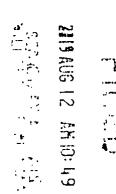
(Address)
(Äddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



800332682208

08/12/19--01000--000 \*\*20.00



Y SULKER AUG 1 5 2019

## **COVER LETTER**

TO:	Registration Section Division of Corpor			
SUBJEC	ст: <u>23</u> 6	9 Rapiclink Name of Limi	LLC ted Liability Company	
The encl	osed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please ro	eturn all corresponde	ence concerning this matter t	to the following:	
		SheH	n Elaine Pete	<u> </u>
		239	Papid Ink L	LC
		1906 N	W 15th SHE	et
		CQ	City/State and Zip Code	3093
	-	23910 E-mail address: (t	DUNK COM The used for future annual rypor	all (OM)
For furth	er information conc	erning this matter, please ca	11:	
_5/)	PHON E LOU Name of Pe	ne Peterson	at ( <u>23</u> ) Area Code Da	77-8986 Oytime Telephone Number
Enclosed	I is a check for the f	ollowing amount:		
<b>t \$</b> 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 (additional copy is enclosed)
	MAILING	C ADDRESS:	STREET/CO	URIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

234 Rapid INK 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 $\frac{6/14/3019}{14/3019}$ and assign Florida document number $\frac{19000/53093}{1}$ .	ed
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C.	<del></del>
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)	<u></u>
	<del></del>
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:  Name of New Registered Agent:	<u>the</u>
1201- NINI 15th Street	
New Registered Office Address:    1   U     V   V   J   T   O     PE	
Cape Coral Florida 33993	3_

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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shelton Elaine Peterson	1906 NW 15th St.	OP Add
		Cape Coral, FL 33993	□ Remove
			Change
MGR	Patrick Ford	3541 Evans Ave	Add
		Apt. F209	<b>5</b> Remove
		Fort Myers, FL 33901	Change
<u>M612</u>	Daniel Hair	117 16th ct	
		Cape Coral, FL 33990	temove
			□ Change
		<del></del>	🗆 Add
			□ Remove
			🗆 Change
<del></del>	<del></del>		□ Add
			□ Remove
			□ Change
			🖸 Add
			_□ Remove
			Change

•	
•	
•	
•	
-	
•	
•	
•	
-	
Effect	ive date, if other than the date of filing:
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	··································
	Shitz Ric
	Signature of a member or authorized representative of a member
	Shollon Refersion
	Typed or printed pame of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00