119000184147

(Requestor's Name)
(Address)
(Address)
(City/Chaba/7ia/Dhaga 40
(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



100365008161

04/29/21--01010--006 **25.00



10/2

COVER LETTER

Registration Section

TO:

Division of C	orporations			
RP Movi	ng LLC		41	
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Arpad Hajdu			
		Name of Person		
				2021
	<u> </u>	Firm/Company	· ·	
	6459 Rock Beauty Terrace	2	<u>.</u>	208 20
	· · · · · ·	Address	·	
	Margate, Florida 33063			
		City/State and Zip Code	r.	5
	hajdu1984@gmail.com			
		to be used for future annual report	notification)	
For further information	concerning this matter, please c	all:		
Arpad Hajdu		305 7887127 at ()		
Name	of Person		ytime Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 819	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RP Moving LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on 07/17/2019	and assigned
Florida document number L19000184147	<u>_</u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Junk Raccoons LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	
		10 To 15 To
Enter new mailing address, if applicable:		The Co
Mailing address MAY BE A POST OFFICE BOX)		r C
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	12. 121.	
	Enter Florida street address	;
		orida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			. □Remove
		· :	Changel
		· · · · · · · · · · · · · · · · · · ·	☐Changel Add [] Changel Remove
			C € C C C C C C C C C C C C C C C C C C
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

· · · · · · · · · · · · · · · · · · ·					
				_	
				-	
					
					1;
			· .	12	<u> </u>
			<u> </u>		ii L
			<u> </u>		<u>t :</u>
				· ·	
	<u></u> .				
: Rective date is listed, the date mu : If the date inserted in this b	e date of filing: Ist be specific and cannot be prior to date block does not meet the applicable s Department of State's records.	of filing or more than 90 day	(optional) ys after filing.) its, this date v	Pursuant vill not	to 605.02 be listed a
ord specifies a delayed effectiv filed.	ve date, but not an effective time, at	. 12:01 a.m. on the earlier	of: (b) The	90th da	iy after th
	2021				
d April 20th	··				
d April 20th	About Signature of a member or authorized				

Filing Fee: \$25.00