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COVER LETTER

Division of Corporations
SUBJECT: Rapid Realization 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:
Ann Marie Balkanski Name of Person
Firm/Company
1600 E Sunvise BIVd # 3601
Ft. Lauder dale, FC. 33304 City/State and Zip Code Balkanskimd@gmail.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Inclosed is a check for the following amount:
\$\sim \text{\$\sigma}\$ \$25.00 Filing Fee \text{\$\sigma}\$ \$\sigma\$ \$\$30.00 Filing Fee \text{\$\text{\$\cute{c}}\$} \$\sigma\$ \$\$\sigma\$ \$\$\sigma\$ \$\$\sigma\$ \$\sigma\$ \$\$\sigma\$ \$\$\sigma

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bapid Ro	ealization LLC
(<u>Name of the Limited Liability Comp</u> s (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L190003516</u> 59	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	2632 Hollywood Blud
(Principal office address MUST BE A STREET ADDRESS)	Suite 20d
	Hollywood, FL. 33020
Enter new mailing address, if applicable:	2632 Hollywood Blud
(Mailing address MAY BE A POST OFFICE BOX)	suite 202
	Hollywood, FL 33020
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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 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>	Address	Type of Action
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			□Change
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	Suite # is all that has changed	
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ecor is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thilled.	e
ited	8/17/2019	
	Signature of a member or authorized representative of a member	
	Ann Marie Balkanski	