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SECRETARY OF STATE
TALLAHASSEE FINESES.

COVER LETTER

TO: Registration Section
Division of Corporations

RAB PROPERTY SERVICES, LLC

SUBJECT:				
	Name of Lim	ited Liability Company		
The analoged Articles of	Amandmant and foo(a) are sub	mitted for filing		
The enclosed Articles of	Amendment and fee(s) are sub	milled for fifing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Marc Todd Harris			
		Name of Person		
	RAB PROPERTY SERV	ICES, LLC		
		Firm/Company		
	645 NW 1st Street #308			
		Address		······
	Miami, FL 33128			
	marctoddharris@gmail.com	City/State and Zip Code		
	-	to be used for future annual	report notification)
For further information of	concerning this matter, please c	all:		
Marc Todd Harris		305 8	33-7925	
Name (of Person	at () Area Code	Daytime Telepi	none Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street A Registr	ddress:	

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

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

RAB PROPERTY SERVICES, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ls.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Febuary 7th, 202	20 and assigned		
This amendment is submitted to amend the following:		·		
A. If amending name, enter the new name of the limited liab	ility company here:			
R.A.B PROPERTY SERVICES, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	or the abbreviation "LALC."		
Enter new principal offices address, if applicable:		020 H		
(Principal office address MUST BE A STREET ADDRESS)		AR -		
		25.5		
		FE 212		
Enter new mailing address, if applicable:	<u> </u>	- 3 - 4		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter	the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street addres	SS.		
·	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is		

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 added or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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			□Remove
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ective date, if other than the date of filing: _			(optional)	
effective date is listed, the date must be specific and can	not be prior to date o	f filing or more than 9	days after filing.) I	Pursuant to 605.02
te: If the date inserted in this block does not meet nument's effective date on the Department of State	's records.	utory ming require	ments, this date w	in not be fisted
cord specifies a delayed effective date, but not an e	effective time, at 1	2:01 a.m. on the ear	lier of: (b) The	90th day after the
Febuary 26th	2020			
.1	2			
Willa. Il	1/20//			
Signature of a friend	1	presentative of a mem		

Filing Fee: \$25.00