L20000193384

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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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COVER LETTER

Division of Corporations
SUBJECT: Rapid Roadside Assistance 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:
Alonda Allen Name of Person Rapid Roadside Assistance LLC Firm/Company 4183 101st Ave. E. Address Parrish, Florida 34219 City/State and Zip Code
rapidradside 941 a yaha. Com E-mail address: (to be used for future lannual report notification)
For further information concerning this matter, please call:
Honda Allen Name of Person at 944 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee S4 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Rapid Roadside Assis	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L20000193384</u> .	ere filed on 7/1 ab and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LIC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	183 101st Ave E Parrish, Fl. 34219
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
N. B. C. L. C.	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	formance of my duties, and I am familiar with and wided for in Chapter 605, 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
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ffective date, if oth	er than the date of filing:		(optional)	
an effective date is listed ote: If the date inser	l, the date must be specific and cannot be ted in this block does not meet the s ate on the Department of State's re	applicable statutory filing	e than 90 days after filing.) Pursus	ant to 605.020 of be listed as
record specifies a dela is filed.	iyed effective date, but not an effec	tive time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
ned 3/8/2/	200	<u>al</u> .		
	Thomas Signature of a member of	Lu- rauthorized representative of	a member	- <u></u>
	Alonda Allen	· •		
		printed name of signee		