120000290782

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

	stration Sec ion of Corp			
SUBJECT:	RP MOBIL	E BLASTING LLC		
SUBJECT: _		Name of Lim	ned Liability Company	
The enclosed .	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ell correspo	ndence concerning this matter	to the following:	
		REJEAN PAQUET		
			Name of Person	
		RP MOBILE BLASTING	LLC	
			Firm-Company	· · · · · · · · · · · · · · · · · · ·
		852 CLOUDBERRY BRA	ANCH WAY	
			Address	
		ST. JOHNS, FL 32259		
			City/State and Zip Code	
		rejeanpaquet@comeast.net		
For further inf	ormation co	E-mail address;) precenting this matter, please c	to be used for future annual report notif all:	leation)
REJEAN PAG				
	Name of	Person	904 501-7641 at () Area Code Daytime	· Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25 00 Fi	ling Fee	S30,00 Filing Fee & Certificate of Status	-	Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address istration S		<u>Street Address:</u> Registration Sec	ction
Divi	sion of C	orporations	Division of Corp	porations
	Box 632		The Centre of T	
Lalla	ahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RP MOBILE BLASTING LLC

company has been notified in writing of this change.

(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 w	vere filed on 09/16/2020	and assigned
Florida document number 1.20000290782		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
RP CAPITAL INVESTMENT LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		70 8
Enter new mailing address, if applicable:		- j
(Mailing address MAY BE A POST OFFICE BOX)		
		· E
B. If amending the registered agent and/or registered office ad	dress on our records, enter the	name of the new registered
agent and/or the new registered office address here:		<i>,</i> '
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	·
New Registered Office Address:		
	Enter Florida street address	
	, Floric	t a
	Сіцу	taZip 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 p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I ovided for in Chapter 605, F.S	am familiar with and . 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:

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			EJAdd
			□Remove
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	date of filing:		(options	1)
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