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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: R.A. L. Stors  Name of Limit	Solutions L.L.C.  ted Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
	Name of Person
- R.A.C. S	tars Solutions L.L.C. Firm/Company
2856 Harris	Address Address
Panama Cit	ty Horida 32405 City/State and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please cal	11:
hichard Lambell Name of Person	at (UH) 3770211 /646505 7155 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
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

R.A.C Stars Solutions LLC.						
(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 were filed on January 12, 2021 and assigned						
Florida document number <u>L. 2 1000 6 28 386</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
manng duaress in AP DE ATOST OFFICE BOX)						
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:						
New Registered Office Address:  Enter Florida street address						
, Florida						
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						
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 familian 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Address</u> **Type of Action** Name Lionel Johnson 738 Holy Street, North Londadale - Add 73.068 XRemove AP Lyndon Taylor 138 Thomas & Bayland Street DAdd Art 88, Brothyn W 11233 XRemove Change Kichard Compbell 2856 Harrison Ave Unit D XIAUU AMBR Briana City FL, 32405 Remove □ Change □ Remove

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L. Joh	Signature of h	member or author	I (O) lized representative	2 of a member	·	