## L21000068490

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## **COVER LETTER**

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SUBJECT		SOLUTIONS	
SUBJECT	· ·	Name of Lim	ited Liability Company
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please retu	ım all correspo	ndence concerning this matter	to the following:
		Riaan Potgieter	
			Name of Person
		RP SMART SOLUTIONS	
			Firm/Company
		1532 SE 6th Ave	
			Address
	Cape Coral, Florida, 33990		
City/State and Zip Code			•
		riaan@rpsmartsolutions.con E-mail address: (	to be used for future annual report notification)
For further	r information co	oncerning this matter, please co	all:
Riaan Pot	gieter		239 4051994 at ( )
	Name of	( Person	Area Code Daytime Telephone Number
Enclosed i	s a check for th	ne following amount:	
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u> 1ailing Addres</u> Registration S		Street Address: Registration Section
	Division of C P.O. Box 632		Division of Corporations
	Tallahassee, F		The Centre of Tallahassee  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RP SMART SOLUTIONS LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/09/2021	and assigned
Florida document number L21000068490		
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" of	r 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)		
B. If amending the registered agent and/or registered office :	address on our records, enter th	e name of the new registe
gent and/or the new registered office address here:	address on our records, enter the	1200110
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	Flori	da ~
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent and agr	City	Zip Sode (1)
New Registered Agent's Signature, if changing Registered Agent:		3 7
hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furth	ier agree to comply with

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
MGR	Riaan Potgieter	1532 SE 6th Ave. Cape Coral, Florida 33990	<b>=</b> Add
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			□Change
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