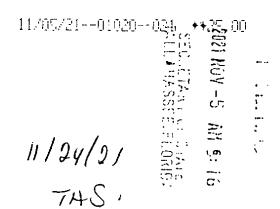


(Requestor's Name)
(Address)
(Address)
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
NC; AM

Office Use Only





COVER LETTER

PHONE NUMBER: (305)890-0280

RETURN ADDRESS: 13014 SW 45TH TER MIAMI FL 33175

COVER LETTER

CLIDICOT			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Name of Person Area Code Daytime Telephone Number Check for the following amount: Street & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Check for the following amount: Check for the following amount: Street & S60.00 Filing Fee, Certificate of Status & C		
Please return all corresp	ondence concerning this matter	to the following:	
	NELSON RIVAS		
		Name of Person	
	E&N IRON TRADE LLC		
		Firm/Company	
	8933 SW 172ND AVE AI	Name of Person ELLC Firm/Company VE APT 1213 Address City/State and Zip Code .COM Iress: (to be used for future annual report notification) ease call:	
		Address	-
	MIAMI FL 33196		
		City/State and Zip Code	
	NRIVAS92@GMAIL.COM	4	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
NELSON RIVAS			
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		<u> </u>	
_		-	
P.O. Box 632	-		•
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&N IRON TRADE LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Diability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000076537</u> .	were filed on <u>02/15/2021</u>	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:			
RAPID RESTORATION GROUP LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	oreviation "L.C."		
Enter new principal offices address, if applicable:	13014 SW 45TH TER MIAMI FL 33175			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13014 SW 45TH TER MIAMI FL 33175	100 mg		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new registere		
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 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

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
		 -	
			□Remove
			□ Clange
			ر ۱۰۰۰ تا ۱۳۰۰ تا ۱۳۰
			Add F. GRemove
			□Change
	-		
			Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□ Change

			- .			
			,			
-				 ···		<u> </u>
· · ·						
			_			
						
						~ 2
				<u>.</u>		<u> </u>
					HAS.	1
						芒
				•		
					<u> </u>	, ••••
Tective date, if other than the date on effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depart	does not meet the a	pplicable stati	filing or more the	(option on 90 days after fil uirements, this d	al) ling.) Pursuan late will not	t to 605,020 be listed a
record specifies a delayed effective da is filed.	te, but not an effect	ive time, at 12	:01 a.m. on th	e earlier of: (b)	The 90th d	ay after th
ned		·				
, ,	nature of a member or					