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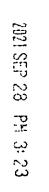
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## **COVER LETTER**

TO: Registration So Division of Co		•				
	able Transport LLC					
SUBJECT:	Name of Lim	nited Liability Company	_			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Kyron C.O Whittaker					
		Name of Person				
		Firm/Company				
	1525 Orrington Payne Pl					
	Address					
	Casselberry Florida, 32707	7				
	rapid.r.transport@gmail.com					
	E-mail address: (	(to be used for future annual report notification)				
For further information c	concerning this matter, please c	all:	2021 SEP SEP 1			
Kyron C.O Whittaker		580 235-8222 at ()	SEP 2			
Name o	f Person	Area Code Daytime Telephone No	umber of sign			
Enclosed is a check for the	he following amount:		23			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee. tificate of Status & tified Copy litional 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

Rapid Reliable Transport LLC

( <u>Name of the Limited Liahi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		_	
The Articles of Organization for this Limited Liability florida document number $\frac{1.21000224209}{1.000224209}$	Company were filed on <u>05/17/2021</u>	and	l assigne	ed .
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	mited liability company here:			
he new name must be distinguishable and contain the words "Lie	imited Liability Company," the designation "LLC" or the	he abbreviatio	n "L.L.C.	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	DRESS)			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	<b>7</b> ()	2621	gist
Name of New Registered Agent:		-	SE	
New Registered Office Address:			න ;	;:··g
-	Enter Florida street address		⊐ï. ⊊;	j
	, Florida		1.7 53 .	

## 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 company has been notified in writing of this change.

City

Ti Zip ( Seel)

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kyron C.O Whittaker	1525 Orrington Payne Place	<b>=</b> Add
		Casselberry Fl 32707	□Remove
			⊡Change
AMBR	Reneé A Whittaker	1525 Orrington Payne Place	
		Casselberry Fl 32707	⊡Remove
			□ Add
			□Remove
			□ Change
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					_ (optional)			
ective date, if other than the effective date is listed, the date in	ust be specific and o	cannot be prior	to date of filing	or more than 90 c	ays after filing.)	Pursua	int to 60;	5.020 tod a
te: If the date inserted in this cument's effective date on the	Department of St	ate's records.	iore statutory	mig requirem	ms. this date	WILL TIC	n oc na	ico a.
ecord specifies a delayed effect is filed.	ve date, but not a	in effective ti	ne, at 12:01 a	m, on the earli	er of: (b) The	: 90th	day afte	er the
August 31		2021						
		_//						

Typed or printed name of signee