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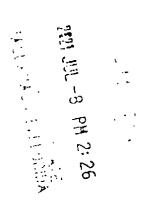
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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07/08/21--01008--014 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: RP		onal Holdings	S, LLC
		·····	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ricardo	Name of Person	
		Firm/Company	
	7241 Be	dlington RD	·
	Miami (TCK Cana E-mail address: (1)	City/State and Zip Code City/State and Zip Code	SOLJ fication)
For further information c	oncerning this matter, please ca	ail:	
Ricarco	(ang)	at (305) 481	4782 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Cor	mpany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		2521
A. If amending name, enter the new name of the limite	ed liability company here:	9-111-8
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		2.
(Principal office address MUST BE A STREET ADDRE	<u> </u>	26 A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	12/10/ 1/2/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/ 18/10/	
	Ciry	Florida 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 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

<u>Title</u>	<u>Name</u>		Address		Type of Action
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					□ Change
May	Free-lalk	Mobile U	(. 7241	Bedlington &	-D ≜Add
			Miami	lakes, Fl, 330	Remove
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te: If the date inserted in the	his block does not r	neet the applicab	le statutory filing	requirements, ti	his date wi	ll not be listed a:
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cument's effective date on the cord specifies a delayed efficient is filed.	fective date, but not	202)				

Filing Fee: \$25.00