h21000350162

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

Office Use Only

DEC 19 LVLL



400395008364

09, 26/22--01909--003 | **++**25.00

2022 SEP 25 PM 3: 34

COVER LETTER

TO: Registration Section of Corp.		,	••
SUBJECT: RAP	INDUSTRIES Name of Limi	LLL ted Liability Company	- **
	mendment and fee(s) are subsidence concerning this matter to	-	
	BRAD	ROBINSON Name of Person	
	5208 78	Firm/Company Address	
		City/State and Zip Code ON DIAGNER LEAD on be used for future annual report notifica	274. C/27
For further information con	ncerning this matter, please ca		
BLAD ROTSI	NT60 Person	at (<u>441</u>) <u>224</u> Area Code Daytime 1	17/4 Celephone Number
Enclosed is a check for the	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		Street Address	

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

BAR INDUSTRIES	LLC
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company。 Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil BLAD COBINSON; LLC The new name must be distinguishable and contain the words "Limited Liabili	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "I.J.C" or the abbreviation "I.J.C."
Enter new principal offices address, if applicable:	5/08 1/8 FURE
(Principal office address MUST BE A STREET ADDRESS)	BLANKATON, FL 34203
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress 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:	20
	Enter Florida street address 50
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	PA A
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I any familiar with and rowided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office (rovided for in Chapter 605, F.S. OF, if this document is 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
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

,	
•	
	
f an ef Note:	tive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	BEPTEMBER 21. 2022.
	Signature of a member or authorized representative of a member 1920 CoBin Sov Typed or printed name of signee