L21000436693

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Registration Section

Division of Corporations

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RAPID US UBJECT:	SA TAX LLC				
7701X-1.	Name of Lir	nited Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
lease return all correspo	ondence concerning this matter	to the following:			
	XIOMER A NAVARRO				
		Name of Person			
	RAPID USA TAX LLC				
		Firm/Company			
	3521 E 4 AVE				
		Address			
	HIALEAH, FL 33013				
	rapidusa2023@gmail.com	City/State and Zip Code			
		to be used for future annual report not	tification)	î	262
For further information c	oncerning this matter, please c				2623 SEP
NIOMER A NAVARRO		305 5862852			9
Name o	f Person		nc Telephone Number	:	PM 3: 0
Inclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified C tadditional c	of Statu Copy	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAPID USA TAX LLC (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 Company were filed on 10/05/2021 ____ and assigned Horida document number L21000436693 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RAPID USA TAX & INSURANCE LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

vew Registered Agent's Signature, if changing Registered Agent:

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 except 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 ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u>"ltle</u>	<u>Name</u>	Address	Type of Action
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ecord specifies a delayed effecti is filed,	ve date, but n	ot un effectiv	re time, at 11	2:01 a.m. on t	he earlier of:	(b) The 90tl	n day after the
August 24th		2023	·				
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