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PICK-UP	MAIT WAIT	MAIL
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(Bu	rsiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Q. SILAS		
	MAY 18 202	22

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05/18/22--01006--008 **25.00



COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT: <u>B</u>	1 Rapid Tran Name of Limite	Sport LLC ed Ciability Company	
The enclosed Articles of a	Amendment and fec(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Benton M	Name of Person	
		Firm/Company	
	608 fairh	olee Dr Address	
	polk City	23868 City/State and Zip Code	
	E-mail address: (to	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	n:	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for t	he 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 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

FILED

702 HAY 18 AM 11: 37

BM Rapid Transi (Name of the Limited Liability Comps (A Florida Limited	SECRETARY OF STATE TALLAHASSEE. FL
The Articles of Organization for this Limited Liability Company Florida document number £503 76617278 1210	were filed on $11-14-2021$ and assigned $2000000000000000000000000000000000000$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	FOR Fairhose Fr 7011 Cardinal wood of FOR SCHI 3868 Orlando, Fl 32818
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7011 Cardinal wood st Orlando; FL 32818
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 of the new registered
Name of New Registered Agent: Be	nton Mortial
New Registered Office Address: 7011	Cardinal Wood St Enter Floridu street address
	City Florida 38818
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		□Add
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, ii amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	(continue)
(It an eif Note:	ve date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	5-18-22 Mr. Land Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee