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COVER LETTER

TO: **Registration Section Division of Corporations**

Rapid Reta SUBJECT:	iling Solutions LLC		
<u>-</u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yatin Shelar		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Rapid Retailing Solutions	LLC	
		Firm/Company	
	4280 Mourning Dove Driv	e	
		Address	
	Naples, FL 34119		
	ashelar@indigomountain.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information of	oncerning this matter, please c	all:	
Yatin Shelar		239 287-9543	
Name (t Person	at () Area Code Dayt	ime 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy Tadditional 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

. L. L.

Rapid Retailing Solutions LLC (Name of the Limited Liability Company as it now appears on our records.) 7 AB 7:46 The Articles of Organization for this Limited Liability Company were filed on October/12, 2022 Series and assigned Florida document number L22000440522 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address 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: Enter Florida street address ___, Florida ____ City

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 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
AMBR	Matthew Fifer	9889 Spring Valley Rd	□Add
		Bentonville, AR 72712	■Remove
AMBR Alam	Alanna Shelar	4280 Mourning Dove Drive	■Add
		Naples, FL 34119	□ Remove
			□Change
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			□Remove
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(If an eff Note:	ve date, if other than the date of filing:
he 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.
Datad	August 2 /2023
Dated	

Typed or printed name of signee