

L23 000 197875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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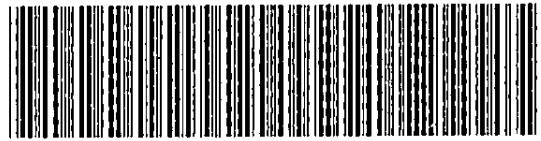
(Business Entity Name)

(Document Number)

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05/12/23--01016--009 **25.00

2023 MAY 12 AM 10:48
FILED
CLERK

of 7/2/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rapide Plus staffing services. LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Henry St Elor
Name of Person

Rapide Plus staffing services. LLC
Firm/Company

12914 NW 7th Ave.
Address

Miami FL 33168
City/State and Zip Code

paulhenry72@yahoo.fr
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Henry St Elor at (772) 607-2057
Name of Person Area Code Daytime Telephone 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:

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**

Rapide Plus Staffing Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 MAY 12 AM 10:48

The Articles of Organization for this Limited Liability Company were filed on 04/20/23 and assigned
Florida document number L23000197875

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Paul Henry St E/0j
18255 NW 21 Street,
Pembroke Pines FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18255 NW 21 Street
Pembroke Pines FL 33029

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

City, 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paul Henry St 2101	18255 NW 21 Street, Pembroke Pines	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 05/09/2023

[Handwritten signature]

Signature of a member or authorized representative of a member

Paul Henry St Elvi
Typed

Typed or printed name of signee

Filing Fee: \$25.00