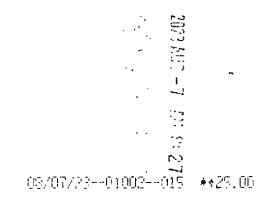
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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration So Division of Cor			
	Group LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gianni Rapanakis		
		Name of Person	
	Rapanakis Group LLC		
		Firm/Company	
	4928 Barley St		
	-	Address	<u> </u>
	Middleburg FL 32068		
		City/State and Zip Code	 ::::
	rapanakisgroup@gmail.com		∵ ?>
	E-mail address: ((to be used for future annual report notification)	
For further information of	oncerning this matter, please o	all:	
Gianni Rapanakis		407 635-7766 at ()	
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address		Street Address: Registration Section	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monroe Street, S	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Obligation of the Limited Liability Company were filed on Com	
Florida document number L23000262269 This amendment is submitted to amend the following:	and assigned
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	on "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:	20.
Mailing address MAY BE A POST OFFICE BOX)	
Muning universe MAT BE A FOST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
	
3. If amending the registered agent and/or registered office address on our records,	enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stree	et address
	, Florida
City	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gianni Rapanakis	4928 Barley St	
		Middleburg Florida 32068	_
			Change
			🗀 Add
			□Remove
			Change
			□Add
			☐Change
			☐Remove
		 	□Change
			□Add
			Remove
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fective date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursi	uant to 605.020
<u>ste:</u> If the date inserted in this block does not meet the applica cument's effective date on the Department of State's records.	e statutory filing requirements, this date will n	ot be listed:
·		
ecord specifies a delayed effective date, but not an effective tin is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th	i day after th
August 4th 2023		
nted August 4th . 2023		
ated August 4th 2023		
- 19/1//s/s/	red representative of a member	

Filing Fee: \$25.00