L2300030469

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/05/23

NAME: RP PREMIER SERVICES, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Corpora	ations		
SUBJECT: RP P	remier Se Name of Limi	YVICES, LLC ited Liability Company	
The enclosed Articles of Ame	endinent and fee(s) are subr	nitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
	Paul W.	Primacio Name of Person	
		Firm/Company	
	17433 Ne	w Cross Circle	2
	Lithia,	FL 33547	
-	Primon E-mail address: (to	parine 1 @ ac	Ol. COM
For further information conce	erning this matter, please ca	ıll:	
Paul W. F	rimacio	at (<u>813</u>) <u>355</u> Area Code Daytime T	S-1778 Celephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee ₫	S30.00 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:

Registration Section

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 Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RP Premier Services, LLC

(<u>Name of the Limited Lia</u>) (A Flo	ability Company as it flow appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 2300030</u>	by Company were filed on $06/26/2023$ and assigned 94469
This amendment is submitted to amend the following	j.
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and contain the words "I	*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 AD	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registe</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regist	ered 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

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 authorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	PauluPrimacio	<u> </u>	
		17433 New Cross Circle, Lithig, F	13354 Decemove
			□Change
<u> P</u>	Raymond Pietri	<u> </u>	
		3284 Summit Ln., Lakeland, F2 3	1338/D (Likemove
			Change
MGR	Raymond Pietri	3284 Summit Ln., Lakeland, FL 33	8810 GAdd
			□ Remove
			Change
			🗀 Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove

Note:	feetive date, if other than the date of filing: [coptional] [feetive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	July 5, 2023.
	Paul W. Signature of a member or authorized representative of a member
	Paul W. Primacio Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Paul W. Primacio Name of Person
Firm/Company
17433 New Cross Circle
Lithia, FL 33547 City/State and Zip Code
Primomarine 1 @ aol. com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Paul W. Primacio at (813) 355-1778 Name of Person at (813) 355-1778 Area Code Daytime Telephone Number
inclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

` TŌ:

Registration Section **Division of Corporations**

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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