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(Requ	uestor's Name)	
(Addr	ress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fil	ling Officer.	 -

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08/12/24

COVERLETTER - LLC NAME CHANGE

Tallahassee, FL 32303

Division of Co	rporations		
RapidSip I	Orinkware LLC		
SUBJECT:	Name of Lin	iited 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:	
	JOSE HERNANDEZ		
		Name of Person	
	RapidPrint Drinkware LL	С	
	-	Firm/Company	
	25323 SW 108TH AVENU	JE	•
	 	Address	
	HOMESTEAD, FL 33032		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	rapidsipdrinkware@gmail.c		 - -
	E-mail address: (to be used for future annual report no	otification)
For further information c	concerning this matter, please c	all:	Ç. Ş
JOSE HERNANDEZ		305 244-8195 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee 1	FL 32314	2415 N. Monr	oe Street, Suite 810

TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

n our records.)
/2023 and assigned
:
gnation "LLC" or the abbreviation "L.L.C."
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ords, enter the name of the new registe
ords, enter the hante of the new registe
street address
. Florida

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	a nom our records.
MGR=	Мападег
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other to the state of the state of the state is listed, the state inserted the state inse	than the date of filing: the date must be specific and cann in this block does not meet to on the Department of State':	ot be prior to date of filing or more the applicable statutory filing received	(optional) han 90 days after filing.) Purs quirements, this date will t	uant to 605.0207 inot be listed as t
		, 10001.00.		
e record specifies a delayed d is filed.	d effective date, but not an ef	Tective time, at 12:01 a.m. on the	ne earlier of: (b) The 90th	h day after the
Dated				
Dated	=			

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