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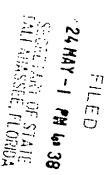
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COVER LETTER

TO:

	Registration Sec Division of Corp			
eun ie c	Rapid Build	ing East, LLC		
SUBJEC	. I :	Name of Limi	ted Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	nitted for filing.	
		ndence concerning this matter	_	
		Mark Masterson		
			Name of Person	
		Rapid Building Solutions.	LLC	
			Firm/Company	
		9000 W. Colonial Dr. STE	401	
			Address	
		Ocoee, FL 34761		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please ca	ali:	
Eleanor	Didio		407 347-9614 at ()	
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
≘ \$2 5.	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 Addres Registration S		Street Address: Registration Se	ction
	Division of C		Division of Cor	
	P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rapid Building East, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our recorbility Company)	rds.)
The Articles of Organization for this Limited Liability Company we Florida document number 1.24000167115	ere filed on 4/8/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
Rapid Buildings East, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·***** 2
(Principal office address MUST BE A STREET ADDRESS)	,	20 3
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Enter new mailing address, if applicable:	-	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- 32 8
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>ente</u>	er the name of the new regist
New Registered Office Address:	Enter Florida street addr	wer.
	Emer Prortai sirver auti	ess
		F <mark>lorida</mark> Zip Code
	City	гір Соае
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other the an effective date is listed, the cote: If the date inserted in ocument's effective date or	this block does not n	neet the applicable st			
record specifies a delayed e is filed.	effective date, but not	an effective time, at	12:01 a.m. on the e	arlier of: (b) The 9	Oth day after the
ated April	25	2024			
1	7	$i\mathcal{A}$ \sim	_		
	Signature of a r	nember or authorized r	/	nber	
	Mask	Mast	Crson		

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com		
(A Florida Limite	pany as it now appears on our reco d Liability Company)	<u>rds.</u>)
	1/0/2024	
The Articles of Organization for this Limited Liability Compar	y were filed on 4/8/2024	and assigned
Florida document number L24000167115		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Rapid Buildings East, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>,</u>
	·	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
ALTERNATION AND A DESIGNATION DATE		
(Mailing address MAY BE A POST OF FICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
	e address on our records, ent	er the name of the new register
B. If amending the registered agent and/or registered offic	e address on our records, ent	er the name of the new register
B. If amending the registered agent and/or registered offic	e address on our records, ent	er the name of the new register
B. If amending the registered agent and/or registered offic	e address on our records, <u>ent</u>	er the name of the new register
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>ent</u>	er the name of the new register
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, ent	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street ada	tress
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street ada	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street ada City	tress Florida

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:

or removed	TOTAL OUT TEEDINGS.		
MGR = M AMBR = A	anager uthorized Member		
<u>Ťitle</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
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			□Change
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			Remove
			Change
			□Add
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(If an e Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	April 25 2024
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member May (

Filing Fee: \$25.00