

L24000411580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

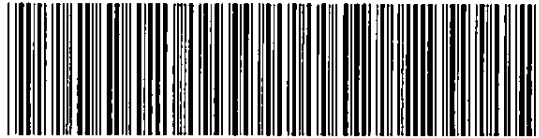
(Document Number)

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Special Instructions to Filing Officer:

*Amend*

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TALLAHASSEE, FL

*[Handwritten signature]*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RACING RASH LAB, 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:

IVONNE RAMOS

Name of Person

RACING RASH LAB, LLC

Firm/Company

190 LYMAN ROAD, UNIT 120

Address

CASSELBERRY, FL ~~32950~~ 32107

City/State and Zip Code

KLASSFINANCIALS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVONNE RAMOS

321 946-8218

at ( )

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

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RACING RASH LAB, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 20TH, 2024 and assigned  
Florida document number L24000411580.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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:

IVONNE RAMOS

New Registered Office Address:

190 LYMAN ROAD, UNIT 120

*Enter Florida street address*

CASSELBERRY

Florida 32750

*City*

*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

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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>	<u>Address</u>	<u>Type of Action</u>
CFO	LAURA ECHEVERRI	190 LYMAN ROAD	<input type="checkbox"/> Add
		UNIT 120	<input checked="" type="checkbox"/> Remove
		CASSELBERRY, FL 32750	<input type="checkbox"/> Change
CFO	LAURA ECHEVERRI	190 LYMAN ROAD	<input type="checkbox"/> Add
		UNIT 120	<input checked="" type="checkbox"/> Remove
		CASSELBERRY, FL 32750	<input type="checkbox"/> Change
CFO	KARYNES CLASS	190 LYMAN ROAD	<input type="checkbox"/> Add
		UNIT 120	<input checked="" type="checkbox"/> Remove
		CASSELBERRY, FL 32750	<input type="checkbox"/> Change
CEO	IVONNE RAMOS	190 LYMAN ROAD	<input checked="" type="checkbox"/> Add
		UNIT 120	<input checked="" type="checkbox"/> Remove
		CASSELBERRY, FL 32750	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Pursuant to 685.0207(3)(b)  
not be listed as the

(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 17 CFR 201.27(c)(2)(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.

Signature of a member of the

Typed or printed name of signee

**Filing Fee: \$25.00**