124000 488020

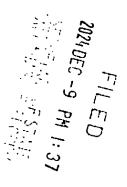
(Ře	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	,,
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE 14N 27 2025	

Office Use Only



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COVER LETTER

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TO:

Registration Section

Division of Corporations

RAPID CO SUBJECT:	CONSTRUCTION HEALTH SOLUTIONS LLC		
30bJEC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	REI SHIJAKU		
	• 444	Name of Person	
	RAPID CONSTRUCTION	HEALTH SOLUTIONS LLC	
		Firm/Company	
	12535 NEW BRITTANY	BLVD2814	
		Address	· - · · · · · · · · · · · · · · · · · ·
	FORT MYERS, FL 33907		
		City/State and Zip Code	
	REISHIJAKU1@HOTMA	IL.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
REI SHIJAKU		239 989-7006	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations Callahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7024 DEC -9 PH 1:37

RAPID CONSTRUCTION HEALTH SOLUTIONS LLC

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

(A Florida Limited Liability Company)

(A Florid	a Limited Liability Company)	"一位"。
The Articles of Organization for this Limited Liability C	Company were filed on 11/19/2024	and assigned
Florida document number L24000488620	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
·	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	rida 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

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>	Type of Action
MGR	REI SHIJAKU	915 ALLMAN AVE	
		LEHIGH ACRES FL 33971	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
· .			□Add
			□Remove
			□Change
		 	□Add
			Remove
		 	□Change
			□ Add
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	ctive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed intrivial of the date on the Department of State's records.
he reco ord is f	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
Dated	NOVEMBER 27 2024
	Signature of a member or authorized representative of a member
	REI SHIJAKU

100

Filing Fee: \$25.00