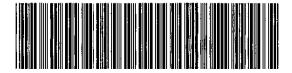
1090000 59644

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| (Addiess) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| , | | | | |
| Certified Copies Certificates of Status | | | | |
| Solution of Status | | | | |
| · | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





300158049893

07/09/09--01020--010 **25.00

FILED

MOS JUL -9 AN 10: 18

SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS
JUL 1 0 2009
EXAMINER

COVER LETTER

TO:

| TO: | Registration Se Division of Co | | | | | |
|--------------------------|-----------------------------------|--|--|-----------------------|---------------------|----|
| SUBJECT: Ravi Group, LLC | | | | | | |
| 3000 | <u></u> | | ted Liability Company | | | |
| The enc | closed Articles of | `Amendment and fee(s) are sub | mitted for filing. | | | |
| Please r | return all correspo | ondence concerning this matter | to the following: | | | |
| Jacobo Mizrahi | | | | | | |
| | | | Name of Person | | | |
| | | | Ravi Group, LLC | | - | |
| | | | Firm/Company | | | |
| | | | | | | |
| | | ZOOS JUL SECRE TALLAH | - 1 | | | |
| | North Miami Beach, FL 33160 | | | | | i, |
| | City/State and Zip Code | | | | | |
| | | mi | iamicond@gmail.com | notification) | ASSA 49 | _ |
| For furt | ther information | e-man address: () | • | notification) | AM 10: 18 YOF STATE | 1 |
| 1 01 1411 | uici illollilatioli (| | un. | | FLOG DE | |
| | | cobo Mizrahi | at (_786_) | 399-8651 | | |
| | Name o | of Person | Area Code & Da | ytime Telephone Numbe | er 💆 | |
| | , adia a abaal <i>i f</i> ond | ika fallawina amayeti | | | | |
| | .00 Filing Fee | the following amount: \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is encl | osed) Certifie | ate of Status & | |
| | Regist Divisi P.O. B | LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314 | Registration S Division of Co Clifton Buildi | orporations | · | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ravi Grou | ıp, LLC | | • |
|--|------------------------|--------------------------|------------------------|
| (Name of the Limited Liability Compan (A Florida Limited L | y as it now appears on | our records. | |
| (A Florida Ellinica El | admity Company) | | |
| The Articles of Organization for this Limited Liability Company | were filed on Ju | ne 19, 2009 | and assigned |
| Florida document number L0900059644 | | | |
| | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | |
| , <u> </u> | | | |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Company," | the designation "Ll | C" or the abbreviation |
| | IGGEO VAL | IN LUDBERO | UB DA. 900 |
| Enter new principal offices address, if applicable: | 19950 W. | | US VIL. 100 |
| (Principal office address MUST BE A STREET ADDRESS) | AVENTURA, T | L.33180 | : |
| | USA. | <u> </u> | S |
| | | | C L |
| Enter new mailing address, if applicable: | | • | 題。一 |
| • | | | SS CO TO |
| (Mailing address MAY BE A POST OFFICE BOX) | | | Man 2 |
| | | | To E |
| | | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | ice address on our | records, <u>enter th</u> | e came or the new |
| registered agent and/or the new registered office address ner | * | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter I | lorida street addr | ess |
| | | Dio-dia- | |
| | City | , Florida | Zip Code |
| | ~, | • | Lip Couc |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------------------|--|--|
| MGR | Jaime Cherem Simeke | 17184-B West Dixie Highway North Miami Beach, FL 33160 | Add Remove |
| MGRM | Ivonne Kibrit Masri | 17184-B West Dixie Highway North Miami Beach, FL 33160 | ✓ Add Remove |
| MGR | Rafael Harrari Tussie | 17184-B West Dixie Highway North Miami Beach, Ft. 33160 | Add Remove |
| MGRM | Vivian Kibrit Masri | 17184-B West Dixie Highway North Miami Beach, FL 33160 | FS Add T |
| MGR_ | Rafael Harari Tussie | 17184-B West Dixie Highway North Miami Beach, FL 33160 | ASSA Add Remote Control of the Contr |
| D. If amend | ding any other information, enter cha | ange(s) here: (Attach additional sheets, if necessa | Remove |
| | | · | |
| Dated | 6 30 2 | oog. | Han u |
| | Jaime Cl | person Simeke Potael Dar | vari Tussie |

Page 2 of 2

Filing Fee: \$25.00