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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se Division of Cor					
erib i		E GROUP, LLC				
SOBI	ECT:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
Picaso	return all correspo	ndence concerning this matter	_			
		JOSE ENRIQUE RAMIRI				
			Name of Person			
		OSHER EXE GROUP, LL	C			
			Firm/Company			
		7900 NW 3RD ST BLDG	15 APT 103			
Address						
		PEMBROKE PINES, FL 3	33024			
		***	City/State and Zip Code			
		JHADES29@GMAIL.COM	to be used for future annual report notil			
For fu	orther information co	oncerning this matter, please co		ileation)		
JOSE ENRIQUE RAMIREZ SILVA			954 3913054			
	Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclo	sed is a check for th	ne following amount:				
■ \$2	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 HOV 27 PH 5:51
SECKETARY OF STATE
IALLAHASSEE, FLORIDA

OSHER EXE GROUP, 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 we	ere filed on	JANUARY 06, 2016	and assigned
Florida document number 1.16000004437			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company	v here:	
RABLA, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," t	he designation "LLC" or t	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)		1-1	
-	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		•	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address	on our records, <u>er</u>	iter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
New Negistered Office Audiess.	Enter	Florida street address	
		. Florid	a
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		t	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office as	erformance ovided for i	of my duties, and I in Chapter 605, F.S.	am familiar with and Or, if this document is
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		
MGR	CAROLINA CONTRERAS	7900 NW 3RD ST			
		BLDG 15 APT 103	□ Remove		
		PEMBROKE PINES, FL 33024	□ Change		
MGR	MARISELA RONDAN	7900 NW 3RD ST			
		BLDG 15 APT 103	= Remove		
		PEMBROKE PINES, FL 33024	□ Change		
			□ Remove		
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ctive date, if other than the d	ate of filing	ı·			(ontion	al)	
ctive date, if other than the ceffective date is listed, the date must e: If the date inserted in this bloom	e specific and	cannot be prior	to date of filing	or more than 90	days after fil	ing.) Pursuant	to 605,0207
ment's effective date on the Dep			ibic statutory	ming requirer	nems, uns u	ate wan not t	oc nstea as
ecord specifies a delayed ne 90th day after the reco		late, but no	t an effectiv	ve time, at	12:01 a.r	n. on the	earlier of
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ed NOVEMBER 18		2017					
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Filing Fee: \$25.00