L19000060869

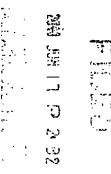
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Re	equestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			···
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ac	ldress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ac	idress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		. (A) - 12° (B)	/B
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cr	ty/State/Zip/Phone	#}
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
(Document Number) Certified Copies Certificates of Status		_	_
(Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	(Bi	siness Entity Nam	(a)
Certified Copies Certificates of Status	(12.	isiness Entity Hairi	, c
Certified Copies Certificates of Status			
Certified Copies Certificates of Status	(Do	ocument Number)	
	,	ŕ	
	Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		_	
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.	Special Instructions to		·
	Special instructions to	Filling Officer.	
_			





100330271441

06/17/19--01005 -000 ••60.00



COO I S HOO

COVER LETTER

BITACOR SUBJECT:	RA ENTERPRISES LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles o	l'Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Edwin Rodriguez		
	ERP CPA LLC	Name of Person	
	1222 Vineland PL	Firm/Company	
	Lake Mary, Fl. 32746	Address	
	erpepalle@gmail.com	City/State and Zip Code	
For further information	E-mail address: (to concerning this matter, please ca	o be used for future annual report notifi H:	cation)
Edwin Rodriguez		787 366-0803	
Name	of Person	at ()	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

TO:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILE 19 OF



BITACORA ENTERPRISES LLC

器 期 17 P 2/32

nbility Company were filed on Mar	ch 04, 2019	
		and assigned
·		
wing:		
the limited liability company her	<u>e</u> :	
ords "Limited Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
ble:		
ADDRESS)		
(OX)		
r registered office address on (ice address bere:	nur records, <u>enter</u>	the name of the p
ec address here.		
Enter Florid	'a street address	
	, Florida	
City		Zip Code
egistered Agent:		
	ipacity. I further ag	ree to comply with
	the limited liability company her rds "Limited Liability Company," the des ble: [ADDRESS] OX) r registered office address on o ce address here: Enter Florid City	the limited liability company here: rds "Limited Liability Company," the designation "LLC" or the all ble: [ADDRESS] OX) r registered office address on our records, enter ce address here: [Enter Florida street address] City

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

Title	<u>Name</u> JESUS SPINETTI LANDER	Address 430 E. PACKWOOD AVE.	Type of Action
AMBR		MAITLAND, FL 32751	B Add
			□ Remove
			☐ Change
			□ Remove
			Add
			☐ Remove
			☐ Change
			
			□ Remove
			Change
			
			Remove
			□ Change
			
			☐ Remove
			Change

						•
						-
						-
			• •			
			<u>-</u> _			
						•
		-				
						
-		<u>-</u>				
					<u>_</u>	
ective date, if other than the neffective date is listed, the date muste: If the date inserted in this bl	ock does not meet t	ine applicable s	e of filing or more statutory filing re	(optior than 90 days after fi quirements, this c	i al) ling.) Pursuant to 605. late will not be liste	.02 ed :
sument's effective date on the D	partment of State	s records.				
record specifies a delayed the 90th day after the rec	effective date ord is filed.	, but not an	effective tim	e, at 12:01 a.ı	m. on the earlie	er o
ed	;)19 				
	سنا سنالرد برزاله سار	a. H.:				
	Eduards 5 Signature of a memb	er or authorized	representative of a	member		

Page 3 of 3

Filing Fee: \$25.00