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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| SUBJEC | | erprises, LLC | | | | |
|----------------|---|-------------------------------------|---|-------------------------|--|--|
| | | Name of Lim | ited Liability Company | | | |
| The enclo | osed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please re | turn all correspor | ndence concerning this matter | to the following: | | | |
| | | Malcolm P. Galvin III, Esc | 1. | | | |
| | | | Name of Person | | | |
| | | Galvin Law, PL | | · | | |
| | Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Malcolm P. Galvin III, Esq. Name of Person Galvin Law. PL Firm/Company 390 North Orange Avenue, Suite 2300 Address Orlando, Fl. 32801 City/State and Zip Code mpg3@galvin-law.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Im P. Galvin III, Esq. Name of Person Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee \$\times \$550.00\$ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) | | | | | |
| | | 390 North Orange Avenue, Suite 2300 | | | | |
| | | | Address | | | |
| | | Orlando, FL 32801 | | | | |
| | | mpu3@ealvin-law.com | City/State and Zip Code | | | |
| | | | to be used for future annual report notif | ication) | | |
| For furth | er information co | | | | | |
| Malcolm | n P. Galvin III, Es | sq. | 321 229-7455 at () | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | |
| Enclosed | is a check for th | e following amount: | | | | |
| \$ 25.0 | 00 Filing Fee | | Certified Copy | Certificate of Status & | | |

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

| Rafmar Enterprises, LLC | | | 87 |
|---|----------------------|--|---|
| (Name of the Limit | ed Liability Compa | ny as it now appears on our reliability Company) | ecords.) |
| | | | Sign Pr |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| (Not Applicable) | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 5732 Canton Cove | |
| (Principal office address MUST BE A STREET ADDRESS) | | Winter Springs, FL 3270 | 8 |
| Enter new mailing address, if applicable: | | 5732 Canton Cove | |
| (Mailing address MAY BE A POST OFFICE) | <u>BOX)</u> | Winter Springs, FL 3270 | 8 |
| | | | cords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | (Not Applicable | ε) | · |
| New Registered Office Address: | 5732 Canton Co | ove . | |
| (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 November 17, 2005 Pand assigned lorida document number L05000111392 It amending name, enter the new name of the limited liability company here: Not Applicable) The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: S732 Canton Cove Winter Springs, FL 32708 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: New Registered Office Address: S732 Canton Cove Winter Springs, FL 32708 Winter Springs, FL 32708 S732 Canton Cove Winter Springs, FL 32708 Winter Springs, FL 32708 S732 Canton Cove Winter Springs, FL 32708 S732 Canton Cove Enter Florida street address | | | |
| | Winter Springs | | _, Florida <u>32708</u> |
| | | 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

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 |
|--------------|-------------------|--------------------------|----------------|
| AMBR | Vincenzo Giuliano | 5732 Canton Cove | |
| | | Winter Springs, FL 32708 | |
| | | | Remove |
| | | | Change |
| MGR | Concetta Giuliano | 5703 Red Bug Lake Road | |
| | | PMB-102 | Remove |
| | | Winter Springs, FL 32708 | Remove |
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| (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed. Dated October 26 Dated Signature of a member or authorized representative of a member Malcolm P. Galvin III, Esq. Typed or printed name of signee Page 3 of 3 | | • |
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| October 26 | 2018 | |
| icu | · | |
| Miffly | | |
| Mifil | Signature of a member or authorized representative of a member | |
| <u></u> | in III. Con | |
| <u></u> | in III. Con | 2010 |
| <u></u> | in III. Con | 2010 001 |
| <u></u> | in III. Con | 2010 00- |
| <u></u> | Typed or printed name of signee | 2010 00- |