

# L06000118663

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

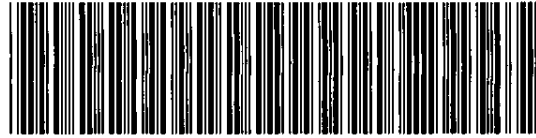
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500224048885

03/23/12--01004--013 \*\*35.00

RECEIVED

12 MAR 23 AM 10:52

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

12 MAR 29 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 30 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2012

LAZARUS CORPORATE FILING SERVICE

SUBJECT: RASTI ENTERPRISES, LLC.  
Ref. Number: L06000118663

RECEIVED  
12 MAR 29 PM 2:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for RASTI ENTERPRISES, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You filled out the wrong amendment form. This company is a limited liability company not a corporation.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 312A00010133

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Rasti Enterprises LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

03/26/2012  
02/05/2030

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

12 MAR 29 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RASTI ENTERPRISES 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 were filed on 12-13-2006 and assigned  
Florida document number LOG000118663

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office 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**)

B. 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:

DOLORES STIVALET

New Registered Office Address:

18630 NW 67 AVE

Enter Florida street address

MIAMI LAKES

City

FLORIDA 33015

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 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.

Dolores Stivale  
If Changing Registered Agent, Signature of New Registered Agent

03/26/2012  
02/05/2012

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

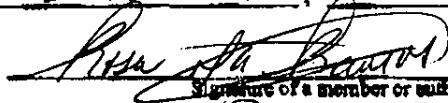
Title	Name	Address	Type of Action
<u>P</u> MGR	<u>Dolores Stivaler</u>	<u>18630 NW 67 Ave</u> <u>MIAMI LAKES- FL 33015</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u> MGR	<u>Rosa M Ramos</u>	<u>18630 NW 67 Ave</u> <u>MIAMI LAKES- FL 33015</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Vice Pres</u> MGR	<u>Carlos E Ramos</u>	<u>18630 NW 67 Ave</u> <u>MIAMI LAKES- FL 33015</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Secretary</u> MGR	<u>Carlos Stivaler</u>	<u>18630 NW 67 Ave</u> <u>MIAMI LAKES- FL 33015</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

3-26-2012

Rosa →



Signature of a member or authorized representative of a member

Rosa Ramos

Typed or printed name of signer

Page 2 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 29 AM 10:00

FILED