

Florida Department of State  
Division of Corporations  
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**L06000118663**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RASTI ENTERPRISES, LLC.

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C. LEWIS

OCT 12 2012

EXAMINER

RECEIVED  
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**H12000247530**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

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 DIVISION OF CORPORATIONS

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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 LO6000118663.

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18642 NW 67 AVE  
MIAMI LAKES FL  
33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18642 NW 67 AVE  
MIAMI LAKES FL  
33015

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:

STIVALET DOLORES

New Registered Office Address:

18642 NW 67 AVE

Enter Florida street address

MIAMI LAKES

Florida

33015

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 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 Stivalet

If Changing Registered Agent, Signature of New Registered Agent

H12000247530

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
MGR	STIVALET DOLORES	18642 NW 67 AVE MIAMI LAKES FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CARLOS STIVALET	18642 NW 67 AVE MIAMI LAKES FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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

10-10-12

Dolores Stivalet

Signature of a member or authorized representative of a member

STIVALET DOLORES

Typed or printed name of signee

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