

L67000077094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

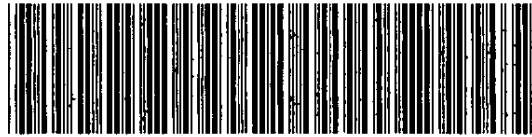
(Business Entity Name)

(Document Number)

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

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07/01/08--01017--024 \*\*52.50

07/30/08--01003--004 \*\*7.50

FILED  
08 JUL 29 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 30 2008

EXAMINER

.....  
**Law Offices of Bonnie Brown-Boucher**

73 SW Flagler Avenue  
Stuart, Florida 34994

Real Property Law, Title Services,  
Wills, Probate and Guardianships

Telephone: (772) 221-9024  
Fax: (772) 221-9086

June 27, 2008

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301


**Attention: Amendment Section**

RE: Client: RFA Enterprises, LLC  
FEIN: 26-0612819

To Whom It May Concern:

Enclosed you will find Articles of Amendment for the above referenced corporation. I have also enclosed our trust account check in the amount of \$52.50, representing the filing fee and payment for a certified copy and certificate of status. Please return the documents to my office in the enclosed a self-addressed, stamped envelope at your earliest convenience.

Respectfully,

  
Bonnie Brown-Boucher, Esquire

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RFA Enterprises, LLC**

(Name of Limited Liability Company)

+

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie Brown-Boucher, Esquire

(Name of Person)

Law Offices of Bonnie Brown-Boucher

(Firm/Company)

73 SW Flagler Avenue

(Address)

Stuart, Florida 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Brown-Boucher, Esquire

(Name of Person)

at ( 772 ) 221-9024

(Area Code & Daytime 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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 JUL 29 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 2, 2008

JUANITA SANKOVICH  
RFA ENTERPRISES LLC  
14446 W DIXIE HWY  
MIAMI, FL 33161

SUBJECT: RFA ENTERPRISES, LLC  
Ref. Number: L07000077094

We have received your document for RFA ENTERPRISES, LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 608A00039444

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RFA 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 07/26/2007 and assigned  
Florida document number L07000077094.

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)

C/O Juanita Sankovich

14446 West Dixie Highway

Miami, Florida 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O Juanita Sankovich

14446 West Dixie Highway

Miami, Florida 33161

FILED  
08 JUL 29 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Juanita Sankovich

New Registered Office Address:

14446 West Dixie Highway

(Enter Florida street address)

Miami

(City)

Florida 33161

(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.*

  
(If Changing Registered Agent, Signature of New Registered Agent)

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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

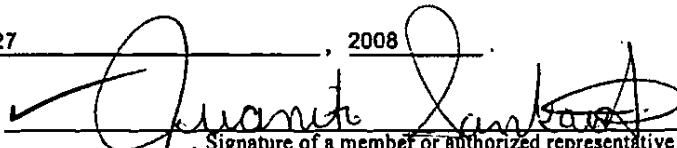
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
 08 JUL 29 AM 10:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated June 27

, 2008

  
 Signature of a member or authorized representative of a member  
 Juanita Sankovich  
 Typed or printed name of signee