

L11 0000041363

(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



900206971589

05/03/11--01026--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -3 PM 12:05

N. Cullen MAY -5 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADE 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:

Luigia Maria Ravo
Name of Person

RADE LLC
Firm/Company

7100 West Camino Real Suite 121
Address

Boca Raton, FL 33433
City/State and Zip Code

Ginara@libero.it
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Flo Stern, Esq. at (561) 961-5462
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -3 PM 12:05

Rade, 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 Apr 16, 2011 and assigned
Florida document number L1100004363.

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)

7100 West Camino Real

Suite 21

Boca Raton, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7100 West Camino Real

Suite 21

Boca Raton, FL 33433

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:

Fido Stern, Esq.

New Registered Office Address:

7100 West Camino Real Suite 21

Enter Florida street address

Boca Raton

City

Florida 33433

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.

Fido Stern
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
MGRM	Luigia Maria Ravo	Via Dei Pettirassi #46 Aprilia, LT 04011 Italy	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Romano Della Rossa	Via Dei Pettirassi #46 Aprilia, LT 04011 Italy	<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 _____

Luigia Maria Ravo
Signature of a member or authorized representative of a member
Luigia Maria Ravo
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -3 PM 12: 05