11000095346

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

SEP 13 2011

EXAMINER

COVER LETTER

TO: Registration	Section Corporations ***				
SUBJECT:		RAPHY, LLC.	(ACM (- 31)		
SOBJECT,		ited Liability Company			
		33430	The second secon		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
		CIRILO RODULFO			
		Name of Person			
		TAGRAPHY , LLC.			
		Firm/Company	<u> </u>		
٠ .	3	50 S. MIAMI AVENUE			
. •		Address			
		MIAMI , FL. 33130			
	, t _i .	City/State and Zip Code		Ju N	
				ESE	
	E-mail address: (to be used for future annual repor	t notification)	新聞	F
For further informatio	n concerning this matter, please	call:		ARY HSE	
CII	RILO RODULFO	at (_786_)	303-6443	AF S	[.1
Nam	ne of Person	Area Code & D	aytime Telephone Number	SECRETARY OF STATE ALLEADENSSEE, FLORIDA	
Enclosed is a check for	or the following amount:		:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	closed) Certified	e of Status &	I)

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

	GRAPHY , LLC.		
(<u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000095346	Company were filed on	08/18/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the fin	nited liability company her	<u>re</u> :	
			J. 2
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "I	or the abbreviation
Enter new principal offices address, if applicable:			55 N F
(Principal office address MUST BE A STREET ADD	RESS)		me = m
			For E
	<u> </u>		REG Q
Enter new mailing address, if applicable:			*
(Mailing address MAY BE A POST OFFICE BOX)	 		·
			
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and/or registered agent and/or the new registered agent a		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
		, Florida	
	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.

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 <u>Title</u> <u>Name</u> Type of Action **Address** MGR MAX MENDEZ 350 S. MIAMI AVE ☐ Add 🔽 Remove MIAMI, FL. 33130 MGRM MAX MENDEZ 350 S. MIAMI AVE ✓ Add MIAMI, FL 33130_ Remove Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 06 2011 Dated_ Signature of a member or authorized representative of a member CIRILO RODULFO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00