2/1000/40534

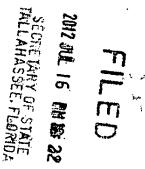
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duningg Estity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUL 18 2011
EXAMINER

Office Use Only



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07/16/12--01042--005 **50.00



COVER LETTER

	tion Section of Corporations					
SUBJECT:	R/	ALTA, LLC				
30b0EC1		nited Liability Company	<u>,</u>			
The enclosed Artic	cles of Amendment and fee(s) are su	abmitted for filing.				
Please return all co	orrespondence concerning this matter	er to the following:				
		Stephen Ralli		E.S.	2012 JUL 16	
		Name of Person		AHA	F	
ERA Financial Group, LLC				38.5 7.8.7	5	
		Firm/Company		T.C.	3	
4115 Dahoon Holly Court				S A	89 32	£4,40
Address					10	
	Bon	ita Springs, Florida 34134				
		City/State and Zip Code				
	E-mail address:	sue@erabtc.com (to be used for future annual report notific	ation)			
For further information	ation concerning this matter, please	call:				
	Stephen Ralli		44-5920			
ĵ	Name of Person	Area Code & Daytime	Telephone Numbe	г		
Enclosed is a chec	k for the following amount:					
✓ \$25.00 Filing F	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific		Certified	ate of Stat		sed)
I	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIE Registration Section Division of Cornera				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RALTA, LLC			
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C			ed	
Florida document numberL141000140534				
Torida document number	 '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbr	eviation	
Enter new principal offices address, if applicable:			n	
(Principal office address MUST BE A STREET ADDI	RESS)	S = 5		
		mo T	M-	
		<i>□</i> *** / △	5	
Enter new mailing address, if applicable:			Section 2.	
(Mailing address MAY BE A POST OFFICE BOX)		TO TO		
B. If amending the registered agent and/or regist	tered office address on our	records, enter the name of th	1e n <u>e</u> v	
registered agent and/or the new registered office add		· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		. 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>	Address	Type of Action
MGRM	Nicola Ralli	3821 Gazebo Pond Lane Tampa.FL 33613	Add Remove
<u>MGRM</u>	Michael Tate	3821 Gazebo Pond Lane Tampa FL 33613	Add Remove
MGRM	MiNi Holdings, LLC	3821 Gazebo Pond Lane Tampa FL 33613	✓ Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ing any other information, enter chan	nge(s) here: (Attach additional sheets, if necessar	2017 JUL 16 SECHE PARY C
			OF STATE 22
Dated			
		er or authorized representative of a member Stephen Ralli ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00