

L12000112403

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

EFFECTIVE DATE 09-04-14

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
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RALPHA, LLC

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FLORIDA DEPARTMENT OF STATE  
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B. BOSTICK

SEP - 5 2014

9/4/14, 9:54 AM

EXAMINER

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

**RALPHA, 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 AUGUST 31, 2012 and assigned Florida document number L12000112403

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

EMIR MOROS

New Registered Office Address:

901 BRICKELL KEY DR., UNIT 2905

Enter Florida street address

MIAMI

City

, Florida

33131

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 605, 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

**FILED**

*[Signature]*

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROMERO, CAROLINA C	901 BRICKELL KEY DR.	<input type="checkbox"/> Add
		UNIT 2905	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	MOROS, EMIR	901 BRICKELL KEY DR.	<input checked="" type="checkbox"/> Add
		UNIT 2905	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<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

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A  
STATE  
FLORIDA

*[Handwritten signature]*

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

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~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

E. Effective date, if other than the date of filing: SEPTEMBER 4, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 4, 2014

*[Signature]*

Signature of a member or authorized representative of a member

**JAVIER HERNANDEZ**

Typed or printed name of signer

2014 SEP - 4 A 11: 16  
CLERK OF STATE  
FLORIDA

**FILED**