## L12000118584

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## **COVER LETTER**

TQ: Registration Sec Division of Corp			
SUBJECT:	R.A. Real	Estate Consultants ed Liability Company	uc.
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JAVI	Name of Person	
	R.A. Re	al Estate Consultants Firm/Company	<u>l</u> (.
		Firm/Company	
	820	su 74 ct	
		Address	
	Miami,	H. 33144 City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notificati	on)
For further information co	ncerning this matter, please ca	all:	
JAVIEN	ALFARO	at (at (	<b>ጎ</b> ያ
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	e 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

FILED 2013 OCT -4 PM 2: 59

•	OF		SECRETARY OF STATE
R.A. RED	atated 1	Consultants	SECHETARY OF STATE.
(Name of the Limited Lial (A Flor	bility Company a: rida Limited Liabil	it now appears on ou	r records.)
			1
The Articles of Organization for this Limited Liabili	ity Company wer	e filed on <b>9/</b> [	and assigned
Florida document number <u>L/2000/18584</u>	<u></u> .	/	•
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability	company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited I	iability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<b>:</b>		
(Principal office address MUST BE A STREET A	DDRESS)		<u> </u>
	<del>-</del> -		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	_		
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our rec	ords, enter the name of the new
Name of New Registered Agent:			
rame of New Acgistered Agent.			
New Registered Office Address:		Enter Flor	ida street address
			_, Florida
<del>-</del>	C	tv .	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager '
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Javien ALFARO	slays the same "	🔀 Add
		just correting title"	Remove
			Remove
	<del></del>		Add
			Remove
			Add
			Remove
<del></del>			Add
			Add

fame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	· Just changing typo in MGR title
_	For Javien Alfano, CHANGING FROM
	"MR" to "MOR"
_	
	A
d	10/2/13
	Signature of a member of authorized representative of a member
	Javien ALFARO (
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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SECRETARY OF STATE
TALLIANASSEE, FLORIDA