L12000142677

(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



400253969264

12/03/13--01018--024 **25.00

SECRETARY OF STATE 2018 DEC -9 AN IO: 4

N. Oullison DEC 13 2013

COVER LETTER

	Registration Sec Division of Corp		•	•			
SUBJEC	CT:	RAFTO Name of Lim	Cool UL ited Liability Company	 			
The encl	osed Articles of A	mendment and fee(s) are su	bmitted for filing.				
Please re	turn all correspon	dence concerning this matte	r to the following:				
		GAR	PLEVE BRAHA				
	Name of Person						
		BAFFO COOL, UC					
	Firm/Company						
	1300 PENNSY LVANIA AVE, #308 Address						
		MIAM	1 BEACH, FL - 33139				
			City/State and Zip Code				
		E-mail address:	to be used for future annual report notificat	ion)			
For furth	er information cor	ncerning this matter, please	call:				
	ANDREA	TOTA	at (786) 451 - 86 Area Code & Daytime To	93			
	Name of I	Person	Area Code & Daytime To	elephone Number			
Enclosed	is a check for the	following amount:					
\$25.0	0 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 2013 DEC -9 AM 10: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
	cles of Organization for this Limited Liability Company were filed on 11/13/2012 and assigned abcument number 212000142677.					
This ame	ndment is submitted to amend the following	ıg:				
A. If am	ending name, <u>enter the new name of the</u>	limited liabili	ity comp	any here:		
The new r	ame must be distinguishable and end with the	words "Limite	d Liability	y Company,'	the designation	"LLC" or the abbreviation
Enter ne	w principal offices address, if applicable	: :				
(Principa	l office address MUST BE A STREET Al	DDRESS)				
.						
	w mailing address, if applicable:	10				
Mailing	<u>address MAY BE A POST OFFICE BOX</u>	Ω			/	
				······		
B. If an	nending the registered agent and/or re	egistered offic	ce addre	ess on our	records, ente	r the name of the new
registere	d agent and/or the new registered office	address nere:				
	Name of New Registered Agent:	Co	1611	BALLA M	mare	MATTEO SOLVATINI
	New Registered Office Address:	1.	300	PENNS	YWANIA	AUE, # 308
					Florida street a	
		MIRMI	BEAC	Ж <u></u>	, Florida	<i>3313</i> 9
			City			Zip Code
New Regi	stered Agent's Signature, if changing Regist	tered Agent:				
the provi accept th being file	accept the appointment as registered ag sions of all statutes relative to the prope e obligations of my position as registere ed to merely reflect a change in the regis has been notified in writing of this chan	er and comple ed agent as pr stered office a nge.	te perfor ovided fo ddress, 1	mance of nor in Chapi hereby co	ny duties, and er 608, F.S. C nfirm that the	I am familiar with and Or, if this document is

į	MIAMI	BEACH, FL - 33139	Remove
			_ _
			Remove
			Add
			Remove
			Add
			Remove
	 _		Add
	<u> </u>		Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
•	
,	
Dated	1/25/2013 , MIAMI BEACH
	akubraw
	Signature of a member or authorized representative of a member
	CABRUELE BRATU
!	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

PILED 2013 DEC -9 AM ID: 44 SECKE JAKY OF STATE TALLANIASSEE, FLORIDA