

L13000067213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

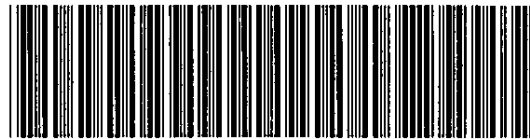
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2016 SEP 26 P 6:16

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D. BRUCE
SEP 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAS SUPER ENVIOS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERMAN GIRALDO

Name of Person

RAS SUPER ENVIOS LLC

Firm/Company

12555 COLLIER BLVD STE 4

Address

NAPLES FL 34116

City/State and Zip Code

info@foleyforensicaccg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albalucia Foley at Foley Forensic Accounting LLC

239 300-6660
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2016 SEP 26 P 6:16
TALLAHASSEE
FLORIDA
STATE

FILED

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

RAS SUPER ENVIOS 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 05/08/13 and assigned Florida document number L130000067213.

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 contain 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)

12555 COLLIER BLVD, STE 4

NAPLES FL 34116

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:

FOLEY FORENSIC ACCOUNTING LLC

New Registered Office Address:

4100 CORPORATE SQUARE STE 114

Enter Florida street address

NAPLES

, Florida 34104

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 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.



Foley Forensic Accounting

If Changing Registered Agent, Signature of New Registered Agent

www.foleyforensic.com

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
P	GERMAN GIRALDO	101 BLUE RIDGE DR	<input checked="" type="checkbox"/> Add
		NAPLES FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	RAFEL SUAREZ	12555 COLLIER BLVD SUITE 4	<input type="checkbox"/> Add
		NAPLES FL 34116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 SEP 20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

I, GERMAN GIRALDO BOUGHT THE BSI=UNESS TO RAFAEL SUAREZ ON SEPTEMEBR 20,2016.

PLEASE UPDATGE THE RECORDS.

EIN 46-2718039

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2016 SEP 26 P 6:16
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signer