

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RALLI, LLC

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### 08/25/16 11:10AM EDT Barbosa Legal -> Division of Corporations 8506176383 Pg 2/5 2 II160002113923 **COVER LETTER** TO: **Registration Section Division of Corporations** RALLI, LLC SUBJECT: 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: BRUNA BARBOSA Name of Person BARBOSA LEGAL Finn/Company 407 LINCOLN ROAD PH- NE Address MIAMI BEACH, FL 33139 City/State and Zip Code BBARBOSA@BARBOSALEGAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 \_at (\_\_\_\_\_ BRUNA BARBOSA 501-4680 Area Code Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & 🗖 \$55.00 Filing Fee & 🗖 \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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AR		AMENDMENT			
		'O DRGANIZATI(	N		
AR		)F			
RALL	I, LLC				
(Name of the Lin	<u>iited Liability Compa</u> (A Florida Limited	iny as it now appears on Liability Company)	our records.)		-
		• •			
The Articles of Organization for this Limited	Liability Company	were filed on 08/08/	2013	and	assigned
Florida document number L13000112431	v				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, <u>enter the new name</u>	of the limited liab	<u>ality company here</u> :			
N/A The new name must be distinguishable and contain the		lite Commence 7 Abs design	ation MIT CT and		<u></u>
I he new name must be distinguishable and contain the	words "Limited Liabi			te appreviation	L.L.C.
Enter new principal offices address, if appl		2954 BUCANEER			
(Principal office address MUST BE A STRE	ET ADDRESS)	KISSIMMEE, FL 3	4/4/		
		407 LINCOLN RO.	AD PH-NE		
Enter new mailing address, if applicable:		MIAMI BEACH, F			-,
(Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>				5
		·		 	SUC .
B. If amending the registered agent an	d/or registered o	ffice address on ou	r records, <u>en</u>	ter thế nan	
registered agent and/or the new registered	office address her	<u>:e</u> :		[1]=( []	Ф, <u>т</u>
Name of New Registered Agent:	BARBOSA LE	EGAL			<u>9</u>
New Registered Office Address:	407 LINCOLN	N ROAD PH-NE			<b>e</b> 2
		Enter Florida	treet address		
THE CONTRACTOR OF THE TRACTOR OF THE TRACTOR		ASTREE J. ( D) ROLL			
<u>* · = · · − · · · · · · · · · · · · · · ·</u>	MIAMI BEAC		, Florida	33139	

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.

/S/ Bruna Barbosa If Changing Registered Agent, Signature of New Registered Agent

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# 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>	Address	Type of Action
MGR	RAFAEL MARCATTO	2954 BUCCANEER PALM ROAL	Add
		KISSIMMEE, FL 34747	C Remove
			Change
			Add
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			Change

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

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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 \_\_

August 25

2016

/s/ Bruna Barbosa

Signature of a member or authorized representative of a member

BRUNA BARBOSA

Typed or printed name of signee

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Filing Fee: \$25.00

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