

LI3000121899 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

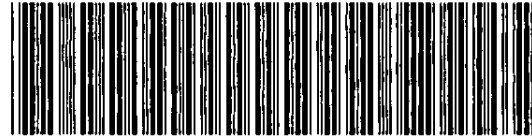
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/13--01016--017 **25.00

2013 SEP 18 PM 12:46
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 19 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAKMAK ASSOCIATES, 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:

KIERAN FALLON, ESQUIRE
Name of Person
KIERAN P. FALLON, P.A.
Firm/Company
1101 BRICKELL AVENUE STE. 1101-N
Address
MIAMI, FLORIDA 33131
City/State and Zip Code
FALLON@KFALLONLAW.COM
E-mail address: (to be used for future annual report notification)

RECEIVED
FALLON ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA
2013 SEP 18 PM 12:46

For further information concerning this matter, please call:

KIERAN FALLON, ESQ. at **305 961-2900**
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

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

RAKMAK ASSOCIATES, 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 08/28/2013 and assigned Florida document number L13000121899.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RAFMAK ASSOCIATES, LLC.

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)

2013 SEP 18 PM 12:45
FALL WINTER SECT 10 MIN

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: _____

New Registered Office Address: _____

Enter Florida street address

, Florida

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 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 Changing Registered Agent, Signature of New Registered Agent

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

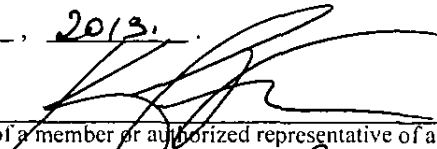
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/15, 2013.



Signature of a member or authorized representative of a member

Dionna P. Fallon

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 18 PM 12:46
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2013

KIERAN FALLON, ESQ.
KIERAN P. FALLON, P.A.
1101 BRICKELL AVENUE, SUITE 1101-N
MIAMI, FL 33131

SUBJECT: RAKMAK ASSOCIATES, LLC
Ref. Number: L13000121899

2013 SEP 18 PM 12:46
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RAKMAK ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 413A00021408