

L13000165602
Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ADVANCED INCORPORATING SERVICE, INC.
Account Number : I20080000093
Phone : (850) 222-2677
Fax Number : (850) 575-2724

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RAVENSWOOD IMPORT EXPORT LIMITED LIABILITY
COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAY 23 2014
J. HARRIS

05-22-14;03:47PM;From:Advanced Incorporating SeTo:6176383

;8505752724

2/ 6

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Monitor Report

Date/Time: 05/21/2014 03:07 PM

Your Fax Number : 8505752724
Company Name : Advanced Incorporating Serv.

The documents were sent.

No.	Job#	Remote Station	Start Time	Duration	Pages	Mode	Contents	Result
001	0503	6176383	05/21/2014 03:05PM	0'53"	5/ 5	SG3		Done

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 417-6383

From: Account Name : ADVANCED INCORPORATING SERVICE, INC.
Account Number : 1200890000003
Phone : (850) 322-2677
Fax Number : (850) 573-2791

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAVENSWOOD IMPORT EXPORT LIMITED LIABILITY COMPANY

Certificate of Status	0
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5/21/2014 3:01 PM

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ARTICLES OF AMENDMENT H14000120609 3
TO
ARTICLES OF ORGANIZATION
OF

Ravenswood Import Export Limited Liability Company

(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 November 26, 2013 and assigned Florida document number L13000165602.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, address, and phone number of the Manager or Authorized Member 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>
			<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 any) **H14000120609 3**

Make Article VI to read:

Kathy Macias shall be designated as the sole signatory...

continued on following page

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 20, 2013


Signature of a member or authorized representative of a member

Greg Gustin

Typed or printed name of signee

non compos mentis, or physically incapacitated, any funds that were deposited by her or on her behalf in the subject account shall be transferred to her estate, beneficiaries, or her legally assigned entity. Additionally, this article cannot be amended, ignored, or superseded without the express written authorization by Kathy Macias or her legally appointed agent.

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for the Ravenswood Import Export Savings Account established at Bank of America. Furthermore, Kathy Macias shall remain the sole signatory for the subject account until such time as she tenders her resignation from the account in writing to both the Company and to the bank. Should Ms. Macias become *non compos mentis*, or physically incapacitated, any funds that were deposited by her or on her behalf in the subject account shall be transferred to her estate, beneficiaries, or her legally assigned entity. Additionally, this article cannot be amended, ignored, or superseded without the express written authorization by Kathy Macias or her legally appointed agent.

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