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(City/State/Zip/Phone #)

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2018 DEC 27 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** My Ricambi LLC Ownership adjustment of Company  
\_\_\_\_\_  
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:

Robert Ian Rattray

\_\_\_\_\_  
Name of Person

MyRicambi LLC

\_\_\_\_\_  
Firm/Company

1499 SW 30th Ave, Suite 4

\_\_\_\_\_  
Address

Boynton Beach, Florida, 33426

\_\_\_\_\_  
City/State and Zip Code

ian@myricambi.com

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

For further information concerning this matter, please call:

Robert Ian Rattray

561 900-7033  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MyRicambi 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 Jan 10 2014 and assigned  
Florida document number L14000005829.

This amendment is submitted to amend the following:

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

n/a

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)**

1499 SW30th Ave, Suite 4

Boynton Beach, Florida, 33426

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1499 SW30th Ave, Suite 4

Boynton Beach, Florida, 33426

**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:

n/a

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

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AND  
FILED  
2013 DEC 27 PM 4:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>
AMBR	Diane Ruth Rattray	7041 Montrico Drive Boca Raton, Florida, 33433	<input checked="" type="checkbox"/> Add
			<input 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

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 AND  
 FILED  
 2018 DEC 21 PM 4:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

% Ownership Changes

Robert Ian Rattray - (President) Ownership now 94%

Signature (President) - Robert Ian Rattray \_\_\_\_\_ Date: \_\_\_\_\_

Diane Ruth Rattray - (Non Voting Shareholder) Ownership now 3%

Signature - Diane Ruth Rattray \_\_\_\_\_ Date: \_\_\_\_\_

Marilise Zenni Craan - (Non Voting Share Holder)

a) Name Change to Identity theft :- Kathleen Craan SS# 214-06-0683

Kathleen Craan - (Non Voting Share Holder) Ownership now 3%

Signature - Kathleen Craan \_\_\_\_\_ Date: \_\_\_\_\_

2018 DEC 27 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

November 1 2018

**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 December 14, 2018

Signature of a member or authorized representative of a member

Robert Ian Rattray

Typed or printed name of signee