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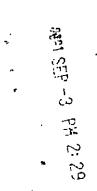
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COVER LETTER

TÖ: Registration Section **Division of Corporations** RAT GLOBAL COMPANY, 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: Guillermo Gonzalez Name of Person Unlimited Title Group, Corp Firm/Company 2400 NW 87th PL Address Doral, FL 33172 City/State and Zip Code ggonzalez@unlimitedtitle.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Guillermo Gonzalez 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 Certificate of Status & Certified Copy

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAT GLOBAL COMPANY, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on05/14/2014	and assigned
Florida document number L14000078229		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		·
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		SE5
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		-0
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		. 2
B. If amending the registered agent and/or registered office	e address on our records, enter the	name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zin 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 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>	Name	Address	Type of Action
'AMBR	Ricardo R Ratia Flores	8900 NW 97 Ave #105 Doral, FL 33178	□ Add
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record s is filed.	pecifies a delayed	l effective date	, but not a	an effective	e time, at 1	2:01 a.m.	on the earli	er of: (b)	The 90)th day after th
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Filing Fee: \$25.00