

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L1500072361**

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

From:  
Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

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

Email Address: CUSTOMER@ABK CORP. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RACCOON SPAIN ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
2023 JUN 30 PM 3:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JUN 30 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JUL 05 2023

K. Brumby

TO: Registration Section  
Division of Corporations

SUBJECT: RACCOON SPAIN ENTERPRISE 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:

JOSE ALBERTO LEMUS

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY ROAD, STE 140

Address

ORLANDO FL 32811

City/State and Zip Code

CUSTOMER@ABKCORP.COM

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

For further information concerning this matter, please call:

JOSE ALBERTO LEMUS

407 898-1757  
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 Address:

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

(423002327913)

(423 000 23 27 913)  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RACCOON SPAIN ENTERPRISE 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 04/24/2015 and assigned  
Florida document number: L15000672361

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 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)

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

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TALLAHASSEE, FL

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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

(423 000 23 27 913)

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>
MBR	RR DAYLIGHT HOLDINGS LTD	CRAIGMUIR CHAMBERS	<input type="checkbox"/> Add
		ROAD TOWN, AI	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Denise Moraes Do Santos Rincon	PRACETA PEDRO REINEL 37	<input checked="" type="checkbox"/> Add
		APT 2E	<input type="checkbox"/> Remove
		CASCAIS, LISBOA 2750-802 PT	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(4230002327913)

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

[illegible]

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 06/29 2023

Signature of a member or authorized representative of a member

RENATO RINCON ROBERTI

Typed or printed name of signee

(423000 23 27913)