20858a

(Requestor's Name)
(Address)
(Address)
(City/8fate/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800347723038

07/22/20=-01010=-003 **60.00

2020 JF 22 FH 12: 13

0 00' DEM 1 1 0 2 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ploride Panhan Name of	The Rawing LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this man	-
Jorge A)	Name of Person
	Firm/Company
	Address PC 32404
	City Gate and Zip Code 8 1982 C. S. To be used for future almual report notification)
E-mail address For further information concerning this matter, pleas	
Jorge Alando de la Frafe Name of Person	at (870) 628-9907 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florian Pant	mille for	idong 100	<u> </u>	22 Fil 12: 13
		as it now appears on only Company)	our recorns.)	
The Articles of Organization for this Limited Liab Florida document number		ere filed on <u>57</u>	14/15	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	ent is submitted to amend the following: Ing name, enter the new name of the limited liability company here: Institute distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address, if applicable: Ince address MUST BE A STREET ADDRESS) Incling address, if applicable:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET	-	620 Br	(on Au	PC 32% V
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>0x)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address		lress on our record	ds, <u>enter the</u> nam	e of the new registered
Name of New Registered Agent:	Jorgo Ja	n'er Alumra	do de la	· Funde
New Registered Office Address:	620 B	K12 ACE	- PC 3240 reet address	funte x
				32404 Zyp Code
		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 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 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

Title	Name	Address	Type of Action
AMBR	Jorge Javier Almado de	la Fuente 620 Borton	_ [SIAdd
		Ave # 32404	_□Remove
		Ponona Cing 32 804	Change
AMBR	Najera Luna Carlos Frigas	620 Barton Acce	_⊟∧dd
	Ponona City	P. 6/32404	[]kemove
			_ Change
MLR	\mathcal{C}	Infrarte 620 Buton ALL	
	Parana City	POOB32404	_ IRemove
	O		_ ClChange
		447	_ ≥īAdd
			_ ElRemove
			_
AMER	Clealitte May to	620-87 Ion 100-10-300	Add
			_ □Remove
			_ TChange
ANBR	Cleotilde Nojea Lina	620 Boston Alle	_ ZIAdd
		Di Poma City F1 32404	_□Remove
			SiChanan

						
						
		· ,, 12 (4. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17			· · · · · · · · · · · · · · · · · · ·	
 				··· - ··		
						· —— —-
						 -
	,					
	<u> </u>					
						
	 _					
	· · · · · · · · · · · · · · · · · · ·					
			/ ,			
ective date, if o	ther than the c	date of filing:	7/22/20	filing or more than 90	(optional)	sta 605 020
effective date is li-	erted in this blo	ck does not meet t	he applicable state		ents, this date will not	
reffective date is hi te: If the date ins						
reffective date is hi te: If the date ins						
tellective date is lister. If the date instrument's effective ecord specifies a contraction of the cord specifies a contraction.	olayed effective	date, but not an e	ffective time, at 12	2:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
tellective date is lister. If the date instrument's effective ecord specifies a contraction of the cord specifies a contraction.	elayed effective	date, but not an e	ffective time, at 12	2:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
reffective date is lister. If the date instrument's effective ecord specifies a cost filed.	elayed effective	date, but not an e	ffective time, at 12	2:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
teffective date is lister. If the date instrument's effective	7/z	2/20)	·	2:01 a.m. on the earl		ay after the