

U500053983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Call

Office Use Only



800279418818

11/25/15--01007--021 **25.00

FILED
15 NOV 25 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2015
S. YOUNG



RECEIVED

15 DEC 10 PM 1:11

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 30, 2015

MARIA C SOUSA
PO BOX 618348
ORLANDO, FL 32861

SUBJECT: RAFFAELLI ABDO LLC
Ref. Number: L15000153983

We have received your document for RAFFAELLI ABDO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 615A00025015

FILED
15 NOV 25 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAFFAELLI ABDO 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:

MARIA C SOUSA

Name of Person

SOUSA & ASSOCIATES INC

Firm/Company

PO BOX 618348

Address

ORLANDO, FL 32861-8348

City/State and Zip Code

carol@sousanassociates.com

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

For further information concerning this matter, please call:

MARIA C SOUSA

Name of Person

407 342-6382

at (Area Code)

Daytime Telephone Number

FILED
15 NOV 25 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 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
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**

RAFFAELLI ABDO 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 09/09/2015 and assigned Florida document number L15000153983.

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)

1949 ALOMA AVE
WINTER PARK, FL 32792

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1949 ALOMA AVE
WINTER PARK, FL 32792

FILED
15 NOV 25 PM 3:34
SECRETARY OF FLORIDA
TALLAHASSEE

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: SOUSA & ASSOCIATES INC
New Registered Office Address: 7345 W SAND LAKE RD, STE 304
Enter Florida street address
ORLANDO, Florida 32819
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 the Managers or Authorized Member on our records, enter the title, name, and address of each 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>
AMBR	DO N GONCALVES ABDO, LUIZ FELIPE	710 MULBERRY AVE	<input type="checkbox"/> Add
		CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Remove
MGR	DO N. GONGALVES ABDO, LUIZ G.	205 HURD LANE, UNIT 4202	<input checked="" type="checkbox"/> Add
		AVON, CO 81620	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

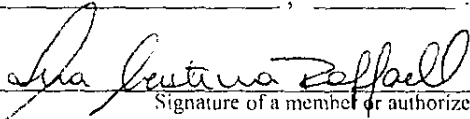
FILED
 NOV 25 15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 3 31
 Add
 Remove

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

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 NOVEMBER 17, 2015



Signature of a member or authorized representative of a member

ANA CRISTINA RAFFAELLI

Typed or printed name of signee