

L140000014692

(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:

Office Use Only



900282624359

03/01/16--01022--003 \*\*25.00

FILED  
2016 MAR -1 A 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 03 2016  
BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** R. A/ EQUITIES LIMITED LIABILITY 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:

PETER B. WEINTRAUB, ESQ.

Name of Person

WEINTRAUB & WEINTRAUB P.A.

Firm/Company

2700 N MILITARY TRAIL SUITE 355

Address

BOCA RATON FL 33431

City/State and Zip Code

PBW@WEINTRAUBLAWFIRM.COM

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

For further information concerning this matter, please call:

PETER B WEINTRAUB

561 9886411

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

FILED  
2018 MAR -1 A 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

R. A/ EQUITIES LIMITED LIABILITY COMPANY

(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 1/25/2016 and assigned  
Florida document number L16000014692.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAR -1

Zip Code

FILED

**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. ~~Only if this document is~~ <sup>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.</sup>*

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROCCO MANZIONE	2700 N MILITARY TRAIL SUITE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 MAY - 1  
 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED  
2018 MAR -1 A 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2016 MAR -1 A 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

(b) The 90th day after the record is filed.

Catherine Maryem  
Signature of a member or authorized representative of a member

Typed or printed name of signee