## L16000646490

(Req	uestor's Name)	
(Add	ress)	
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## **COVER LETTER**

	gistration Sec vision of Cor			
CUDIFCT.		vestments LLC		
SUBJECT:		Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	ndence concerning this matter	to the following:	
		Derek Breen		
			Name of Person	
		Breen Accounting & Tax S	Service Inc	
		<del>- 1011 </del>	Firm/Company	
		3359 W Vinc St Suite 104		
			Address	
		Kissimmee FL 34741		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		dbreen@fltaxservice.com		
		E-mail address: (1	to be used for future annual report noti-	fication)
For further i	information co	oncerning this matter, please ca	all:	
Derck Bree	n		407 931-2344	
	Name of	Person	at ()	e Telephone Number
Enclosed is	a check for th	e 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 ARTICLES OF ORGANIZATION **OF**



RAAML Investments, 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 Li Florida document number	ability Company 0000 464	were filed on $\frac{03/07/20}{90}$	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company." the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	3359 W Vine Street S	uite 104
(Principal office address MUST BE A STREET ADDRESS)		Kissimmee FL 34741	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3359 W Vinc St Suite 104	
		Kissimmee FL 34741	
	<del></del>		
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:	fice address her		records, enter the name of the nev
Nov Booistand Office Address	3359 W Vine S	Street Suite 104	
New Registered Office Address: 3339 W Vine S		Enter Florida str	eet address
	Kissimmee		, Florida <sup>34741</sup>
		City	Zip Code
New Registered Agent's Signature, if changing R	legistered 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = -Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anderson Felipe Da Silva Moraes	Rua DR. Borman No. 23	<b>■</b> Add
		conjunto 216/217 Centro - Niteroi	☐ Remove
		RJ - CEP 24.020-320 BRAZIL	□ Change
			□ Remove
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fan efl Note:	ive date, if other than the date of filing:  08/15/2016  (optional)  extive 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	08/11/2016
	Signature of a member or authorized representative of a member
	Anderson Felipe Da Silva Moraès

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Filing Fee: \$25.00