

L16 0000 94460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

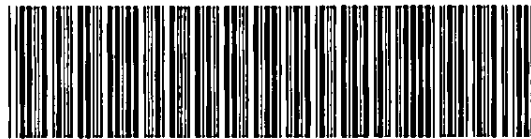
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900354041949

11/09/20--01033--013 **30.00

2020 NOV -9 PM 5:10
FILED

DEC 15 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAS LaVrar, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Flynn LaVrar

Name of Person

RAS LaVrar, LLC

Firm/Company

1133 S University Dr, 2nd Floor

Address

Plantation, FL 33324

City/State and Zip Code

flavrar@raslavrar.com

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

For further information concerning this matter, please call:

Flynn LaVrar

954

735-4455

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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 Address:

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

2023 NOV -9 PM 5:10

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned

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."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

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


MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Krystal Allen Nethken	525 N Tryon Street	Add
		Suite 1600	Remove
		Charlotte, NC 28202	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

[illegible]

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee