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IM TEAR

### **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	R AFM Name of Limi	A Investmented Liability Company	tr LLC
The enclosed Articles of Ar	mendment and fec(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	S. Ro	Name of Person	<u> </u>
		Firm/Company	
	31748	Bill Beck Address	Bluf
	KKS	City/State and Zip Code	134744
	E-mail address: (1	to be used for future annual report notific	Soto. Gon
For further information con	cerning this matter, please ca	all:	TAH.
S. Rob-	ext Soft	at ( <u>(°07)</u> 3 (°E) Area Code Daytime	A H A H A H A H A H A H A H A H A H A H
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

X

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

RAFMA	INVES	ST MEN	VIS	LLC
(Name of the Limit	ed Liability Company as (A Florida Limited Liabil	it new appears on lity Company)	our records.	
The Articles of Organization for this Limited L. Florida document numberL_I 666611	iability Company wer	e filed on <u>6</u>	816	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability	company here:		
The new name must be distinguishable and contain the w	vords "Limited Liability C	ompany," the design	nation "LLC" or the a	bbroviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)			
			·	TALLEANE JE
Enter new mailing address, if applicable:				50% N
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and	. <u>-</u>	address on ou	or records enter	TO IT
registered agent and/or the new registered of	fice address here:	was on or	. 1000-110, <u>0010</u> 2	Dry O
Name of New Registered Agent:	Maria		,	<u>a</u>
New Registered Office Address:	Saint (	Enter Florida s	treet address Florida	BLU'd
New Registered Agent's Signature, if changing J	Registered Agents			-•
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete per stered agent as prov registered office add	formance of my . ided for in Chap	duties, and I am over 605, F.S. Or	familiar with and if this document is

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
·			D Add
			□ Remove
			□ Change
			□ Remove
			□ Change
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E. Effective da	ate, if other than the date of	f filing:		
Note: If the document's	date inserted in this block does effective date on the Departmen	s not meet the applicable statuto nt of State's records.	(optional) ling or more than 90 days after filing.) P ory filing requirements, this date wi	Il hot be listed
If the record (b) The 90ti	specifies a delayed effect a day after the record is t	tive date, but not an effectived.	ctive time, at 12:01 a.m. or	the earlier
Dated	6-20.16			
<i></i>	Signatur	re of a member of authorized repres	contailing of a member	
	<i>f</i>		·	

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Filing Fee: \$25.00