

LI6000173172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

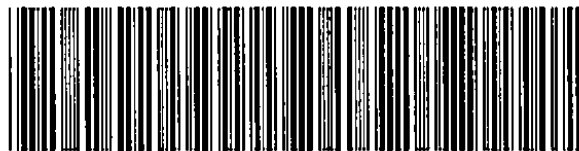
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/28/18--01025--004 **25.00

OCT 16 P 1:34

FILED

10/23/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2018

ELIEZER DURAN
1001 N FEDERAL HWY SUITE 355
HALLANDALE BEACH, FL 33009

SUBJECT: RAT ENTERPRISES, LLC
Ref. Number: L16000173172

We have received your document for RAT ENTERPRISES, 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):

Page 3 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 718A00020792

RECEIVED

OCT 16 2018

FILED

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

RAT ENTERPRISES
Transport - Carrier - A
3510 W 12th St Tallahassee

RAT

RAT ENTERPRISES, 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 09/16/2016 and assigned
Florida document number L16000173172.

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:

3055 DOGWOOD HOLLOW LANE

(Principal office address MUST BE A STREET ADDRESS)

LAWRENCEVILLE, GA 30043

Enter new mailing address, if applicable:

SAME

(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 n
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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

Lined area for amendments or additional information.

FILED
2018 OCT 18 P 1:32

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

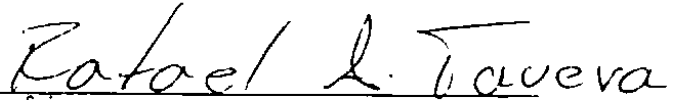
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 25, 2018



Signature of a member or authorized representative of a member

RAFAEL A TAVERAS CASTILLO



Typed or printed name of signee

RAT ENTERPRISES LLC
Transport - Carrier - Moving
3540 W 23RD ST TUCKER, GA 30084