

16000197419

(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



900320777049

11/26/18--01007--016 **25.00

FILED
2018 NOV 26 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

DEC 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alvarez, Salazar & Vargas, LLC

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:

Roberto Alvarez

Name of Person

Alvarez, Salazar & Vargas, LLC

Firm/Company

6355 NW 36th Street, Suite 401

Address

Virginia Gardens, FL 33166

City/State and Zip Code

robertoalvarezcpa@gmail.com

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

FILED
2018 NOV 26 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Roberto Alvarez

786

228-9772

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Alvarez, Salazar & Vargas, 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 10/26/2016 and assigned
Florida document number L16000197419.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RACPA, LLC

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:

Roberto Alvarez

New Registered Office Address:

11248 NW 86th Lane

Enter Florida street address

Doral

City

Florida 33178

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

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	Roberto Alvarez	11248 NW 86th Lane	<input type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jairo Vargas	6355 NW 36th Street, Suite 401	<input type="checkbox"/> Add
		Virginia Gardens, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clara I Salazar	6355 NW 36th Street, Suite 401	<input type="checkbox"/> Add
		Virginia Gardens, FL 33166	<input checked="" 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
2018 NOV 26 PM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Provide Certified Public Accounting Services

FILED
2018 NOV 26 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 1, 2018

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)(b)

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 November 20, 2018

Signature of a member

Roberto Alvarez

Typed or printed name of signee