Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_



Help

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

ASIA TREND LAB LLC	appears on our records.)
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	ipany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on 11/18/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
RACASA LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	y," 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 of agent and/or the new registered office address here:	n our records, enter the name of the new-registered
agent and/or the new registered while address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

Florida

Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗋 Add
		_ <u></u>	🗆 Remove
			🗆 Change
			🗆 Add
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Effective date, if other than the offective date is listed, the date must <u>Note:</u> If the date inserted in this ble document's effective date on the De	ick does not meet the upp	RICTOR STATUTORY TITLET	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
e record specifies a delayed effective rd is filed.	e date, but not an effectiv	e time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated	2022	'		
	Raissa Car Signature of a member of a	neiro Santia	go-	
	Signature of a memoer of a	natoritizen ichtesetitariae ol		
RAISSA CARNEIRO S	ANTIAGO			
		rinted name of signee		

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

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