# L17000048429

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(City/State/Zip/Phone #)
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(Document Number)
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### **COVER LETTER**

Div	rision of Corp	orations				
CUDIDAT.		AL GROUP LLC				
SUBJECT:		Name of Limi	ted Liability Company			
~ ·		1	10 et			
the enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for Hilling.			
Please return	all correspon	dence concerning this matter t	o the following:			
		JULIA KIM				
			Name of Person			
MOMENTUM TAX ACCOUNTING & CONSULTING LLC						
			Firm/Company	·		
6996 PIAZZA GRANDE AVE #202						
			Address			
		ORLANDO, FL 32835				
		RA@MOMENTUMTAC.C	City/State and Zip Code OM			
		E-mail address: (t	o be used for future annual report notifi	ication)		
For further i	nformation co	ncerning this matter, please ca	11:			
MARIA VE	ERONICA DIZ	AZ TORRES	786 431-7796			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e 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:

TO: Registration Section

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 ARTICLES OF ORGANIZATION OF

RAE GLOBAL GROUP 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 MARCH 1, 2017 and assigned Florida document number L17000048429 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 "L.L.C." 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: MARIA VERONICA DIAZ TORRES Name of New Registered Agent: 8810 COMMODITY CIRCLE #35 New Registered Office Address: Enter Florida street address \_\_, Florida 32819 Zip Code ORLANDO

#### 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

Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIEL IRAGORRY DE RIOS	8810 COMMODITY CIRCLE #35 ORLANDO, FL 32819	
			<b>≅</b> Remove
MGR	MARIA VERONICA DIAZ TORRES	8810 COMMODITY CIRCLE #35 ORLANDO, FL 32819	Change
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			Change
			Add
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e: If the date	fother than the date of listed, the date must be specifished in this block do live date on the Departm	es not meet the ap	pplicable statutory fil	(option more than 90 days after than 90 days after the grequirements, this	nal) filing.) Pursuant to 605.02 date will not be listed :
record spec he 90th day	ifies a delayed effer after the record is	ctive date, bu filed.	t not an effective	time, at 12:01 a	.m. on the earlier
ed <u>NO</u>	430	. 2018	<u>5</u>		
		r ex	COM-		
			authorized representati		

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Filing Fee: \$25.00