

4/16/2019

Division of Corporations

**L17000048633**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : 120010000025  
Phone : (786)899-2235  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAIL ROOM

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

Email Address: kleopold@leopoldkorn.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RAS REALTY MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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2019 APR 16 PM 4:50

Electronic Filing Menu

Corporate Filing Menu

Help

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

RAS REALTY MANAGEMENT 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 3/6/2017 and assigned  
Florida document number L17000048633.

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

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:

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

Apr. 16. 2019 4:50PM

No. 1499 P. 3

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>
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S	Robert Seibel	3019 B EXETER DR BOCA RATON, FL 33434	<input type="checkbox"/> Add
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FILED  
2019 APR 16 AM 9:27  
TALLAHASSEE, FL  
CLERK OF COURT

No. 1499 P. 4

2019 APR 16 AM 10:27  
SECRETARY OF STATE  
FALL AND SPRING 2019

APPROVED  
AND  
FILED

2019 APR 16 AM 10:27  
SECRETARY'S STAFF  
FALL AND SPRING

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer