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(Rec	questor's Name)	<u> </u>
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

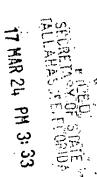
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MAR 2 7 2017 S. YOUNG



COVER LETTER

	gistration Sec vision of Corp				
our uran		RICAN DEVELOPERS LLC	;		
SUBJECT		Name of Limi	ited Liability Company		
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspon	dence concerning this matter	to the following:		
		RAVIT COHEN			
			Name of Person		
			Firm/Company		
		4840 SW 34TH AVE			
			Address		=:0.
		FT LAUDERDALE, FL 33	3312	•	TO MAR 24 PM 3: 33
			City/State and Zip Code		马玉
		ravitns@gmail.com			24
		E-mail address: (t	o be used for future annual report notific	ation)	2
For further	information co	ncerning this matter, please ca	ıll:		يٰ بِي
RAVIT CO	HEN		754 246-1387		သ္
	Name of	Person	Area Code Daytime	Celephone 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: 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

lity Company as it now appears on our records.) la Limited Liability Company)	
Company were filed on MARCH 16 2017	and assigned
••	
nited liability company here:	
mited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
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stered office address on our records, en	ter the name of the nex
dress here:	110 110 110 110
Enter Florida street address	
, Florida	
City	Zip Code
	Company were filed on MARCH 16 2017 mited liability company here: mited Liability Company," the designation "LLC" or the RESS) stered office address on our records, enderess here: Enter Florida street address , Florida

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>	Address	Type of Action
MGR	MERGUI, SHIMON	4840 SW 34TH AVE	□ Add
		FT LAUDERDALE, FL 33312	Remove
			☐ Change
MGR	RONEN COHEN	4840 SW 34TH AVE	
		FT LAUDERDALE FL 33312	□ Remove
			Change

			Remove
			المراجع المراجع
			Change Company Compa
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

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ffective date, if other than the date of filing: (optional)	S. S.
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.) lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vocument's effective date on the Department of State's records.	Pursuant to 605.0207 (3)(b) will not be listed as the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of The 90th day after the record is filed.	on the earlier of:
MARCH 20 2017	
AMARCH 20 , 2017 Games Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00