117000182581

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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09/17/18--01022--014 **25.00



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2018

RAFAEL PADRO 255 UNIVERSITY DRIVE, 2ND FLOOR CORAL GABLES, FL 33134

SUBJECT: RAPC, LLC

Ref. Number: L17000182581

We have received your document for RAPC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 718A00019754

2018 SEP 24 AMII: 36

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: RAF	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	_ Refae	Name of Person			
	RAPO	Firm/Company			
	255 Unive	Address)Y		
	Coral G	City/State and Zip Code Omin L and Soul than to be used for future annual report notif	34	2018 SEP 24	
	Padroomd E-mail address: (1) min 1 and Soul that to be used for future annual report notif	apy (0 m ication)	24 1255	
For further information c	oncerning this matter, please ca				
Patael Name o	Padvó f Person	at (<u>786</u>) <u>< 93</u> - Area Code Daytime	4880 Telephone Number	AM II: 36	* sug-
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

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

PAPC	1,60				
(Name of the Limit	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our recompany)	rords.)		
The Articles of Organization for this Limited L. Florida document number <u>L1700018</u>		ed on <u>8/2 5</u>	12017	and assig	ned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liability con	npany here:			
The new name must be distinguishable and contain the v		any," the designation "	LLC" or the abbr	eviation "L.L.C	
Enter new principal offices address, if applic	eable:				
(Principal office address MUST BE A STREE				010 SEP 24	
(Mailing address MAY BE A POST OFFICE		<u></u>	<u> </u>		115
B. If amending the registered agent and registered agent and/or the new registered of		dress on our reco	ords, <u>enter tl</u>	<u>ie name of</u>	the new
registered agent and/or the new registered of	ince address nere.				
Name of New Registered Agent:					
New Registered Office Address:	2 Alhambra Coral Gable	Enter Florida street ad	Suite 6	20	
	Coral Eable	<u>s</u> .	Florida	33/34	
	Cuỳ			zīp Coae	

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, <u>enter the title</u>, <u>name</u>, and <u>address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M6R	Eileen Perez	255 University Dr 2nd Fl	Add Add
		Coral Gables, EL 33134	Remove
			Change
			
			Remove
			Change
			Add
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Note: If the date inserte	r than the date of filir the date must be specific are ed in this block does not ate on the Department of	meet the applicable statu	filing or more than 90 days af itory filing requirements, t	stional) ter filing.) Pursuant to 605,0207 (3 his date will not be listed as th
the record specifies) The 90th day afte	a delayed effective or the record is filed	date, but not an eff	ective time, at 12:01	a.m. on the earlier of:
Dated 9/27/1		Hall)		
		a member of authorized repr A e Pa chrs Typed or printed name of		

Page 3 of 3

Filing Fee: \$25.00