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.

(((H22000033521 3)))



H220000335213ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

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

Email Address: cc@abogadomiami.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAFAELLA PARC LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000033521 3)))

RAFAELLA PARC LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cindy E. Calderon Name of Person Geoffrey M. Wayne, P.A. Firm/Company 135 San Lorenzo Ave., PH 840 Address Coral Gables, FL 33146 City/State and Zip Code cc@abogadomiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escalables Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations		gistration Sec ision of Corp			
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cindy E. Calderon		RAFAELL	A PARC LLC		
Cindy E. Calderon Name of Person	SUBJECT:		Name of Limi	ted Liability Company	
Cindy E. Calderon Name of Person	The enclosed	d Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Geoffrey M. Wayne, P.A. Firm/Company 135 San Lorenzo Ave., PH 840 Address Coral Gables, FL 33146 City/State and Zip Code cc@abogadomiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Eschoof Filing Fee Certificate of Status Certificate of Status Certificate of Status &	Please return	ali corr esp or	ndence concerning this matter t	to the following:	
Geoffrey M. Wayne, P.A. Firm/Company 135 San Lorenzo Ave., PH 840 Address Coral Gables, FL 33146 City/State and Zip Code cc@abogadomiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Contificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			Cindy E. Calderon		
Firm/Company 135 San Lorenzo Ave., PH 840 Address Coral Gables, FL 33146 City/State and Zip Code cc@abogadomiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Eschool Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				Name of Person	
Address Coral Gables, FL 33146 City/State and Zip Code cc@abogadomiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Concerning Fee Searchifect of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Division of Corporations			Geoffrey M. Wayne, P.A.		
Address Coral Gables, FL 33146 City/State and Zip Code cc@abogadomiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Exceptified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Division of Corporations				Firm/Company	
Coral Gables, FL 33146 City/State and Zip Code cc@abogadomiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Cortificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations City/State and Zip Code City/State and Zip Code Code Daytime Telephone Number Store & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations			135 San Lorenzo Ave., PH	840	
City/State and Zip Code cc@abogadomiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations City/State and Zip Code Status report notification) 305 Area Code Daytime Telephone Number Section Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations				Address	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Solid			Coral Gables, FL 33146		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy E. Calderon Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Expected Section Section Division of Corporations E-mail address: (to be used for future annual report notification) 305 381-8108 Area Code Daytime Telephone Number Daytime Telephone Number Section Section Division of Corporations				City/State and Zip Code	
For further information concerning this matter, please call: Cindy E. Calderon Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Eschool Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				76 6	Vication)
Cindy E. Calderon Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Street Address: Registration Section Division of Corporations 305 Area Code Daytime Telephone Number Daytime Telephone Number Stouch Code Stouch Code Stouch Code Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations					nicación)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{lll} \text{ Solution} \text{ Filing Fee & Gentificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Street Address:} \text{ Registration Section Division of Corporations} \text{ Division of Corporations} Divis	For further i	nformation $lpha$	oncerning this matter, please ca	all:	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{l} \text{Enclosed} \text{ is a check for the following amount:} \\ \begin{array}{l} S55.00 Filing Fee &	Cindy E. Ca	alderon		at ()	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Name of	f Person	Area Code Daytin	ne Telephone Number
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	Enclosed is	a check for th	ne following amount:		
Registration Section Division of Corporations Registration Section Division of Corporations	₩\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of Corporations Division of Corporations					ection
	Di	vision of C	corporations	Division of Co	rporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

(((H22000033521 3)))

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

(((H22000033521 3)))

RAFAELLA PARC LLC

Name of the Limit	Limited Liability Company)
(A Florida	y Company as it pow
The Articles of Organization for at the	Charles Liability Company)
The Articles of Organization for this Limited Liability Co	unpany were filed on 09/18/2017
This amend	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited The new name must be disc.	
The The The Timited	liability company here:
the new name must be distinguishable and control	
Enter new principal offices address, if applicable:	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS	or the abbreviation "L.L.C."
THEET ADDRESS	
E. A	25 B
Enter new mailing address, if applicable:	A 2
Mailing address MAY BE A POST OFFICE BOX	- <u> </u>
SEATOST OFFICE BOX	
B. If amending the analysis	97 5
agent and/or the new registered agent and/or registered office.	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the
Name of New Registered Agent:	The new registered
New Registered Office Address:	
	Enter Florida street address
Vew Registered Agents Co	City Florida
hereby accept the appointment of charging Registered Agent:	7
rovisions of 11	
cept the obligations of the proper and complete	to act in this capacity. I further
hereby accept the appointment as registered agent and agree is rovisions of all statutes relative to the proper and complete per cept the obligations of my position as registered agent as proving filed to merely reflect a change in the registered office addingany has been notified in writing of this change.	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is dress, I hereby confirm that the limited liability
If Changing	Registered Acade Co
	Registered Agent, Signature of New Registered Agent

1/26/2022 7:36:29 AM PST (GMT-8) FROM: -TO: 18506176383 Page: 5 of 6
DocuSign Envelope ID: 7D0DD4CD-FAE5-4CFD-B9F6-BB6213429C02
LI amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H22000033521 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MANUEL OLAUIDE LUQUE	5076 KINGSCREST LN	= Add
		OVIEDO, FL 32765	□Remove
MGR	RITHA SIERRA	1674 LAKEMONT AVE, UNIT 302	
		ORLANDO, FL 32814	=Remove
MGR	RAFAEL LUQUE	1674 LAKEMONT AVE, UNIT 302	
		ORLANDO, FL 32814	Remove
			Change
			□Remove
			🗆 Change
			□Remove
			□ Change
			□Remove
			Chance

					
			<u> </u>		
					
				-	
		- '			
					
			<u>.</u>		
					
					·
					
			.		
		·	.		
		<u> </u>			
Tective date, if other an effective date is listed, to ote: If the date inserted ocument's effective date	d in this block does not	i meet ine appiic	ante statutory mun	ore than 90 days after g requirements, this	onal) filing.) Pursuant to 605.020 s date will not be listed as
record specifies a delay is filed.	ed effective date, but n	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
		2022			
January 26					
ated					
January 26		Ritha Pic	ranglla Sierra orized representative	Ponce	

Filing Fee: \$25.00