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(Re	equestor's Name)	
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SEOKETARY OF STATE ALLAHASSEE, FLORIO

ON APR -3 AND

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Rahb LLC				
v		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Sadeke Roberts			
			Name of Person		-
		Rahb LLC			
			Firm/Company		-
		P.O BOX 817886			
		· · · · · · · · · · · · · · · · · · ·	Address		-
		Hollywood FL, 33081			
			City/State and Zip Code		-
		Customerservice@rahbllc.c			
		E-mail address: (to be used for future annual report notific	cation)	
For further in	nformation c	oncerning this matter, please c	all:		
Sadeke Robo	erts		954 665-5851 at ()		₹ 2
	Name o	f Person		Telephone Number	,
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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 TO ARTICLES OF ORGANIZATION OF

RAHB LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compan	o <u>ears on our records.)</u> ny)
The Articles of Organization for this Limited I	Liability Company were filed on	12/20/2017 and assigned
Florida document number L17000258679	<u></u> -	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," tl	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		APR AHA
Enter new mailing address, if applicable:		SSE J
(Mailing address MAY BE A POST OFFICE BOX)		F9 3 11
B. If amending the registered agent and registered agent and/or the new registered of the new registered agent and new registered of the new registere		on our records, enter the name of the
	ALLEO WALLE GIA HOLO	
Name of New Registered Agent:	Sadeke Roberts	
New Registered Office Address:	4429 Hollywood BLVD 8178	86
	Enter	Florida street address
	Hollywood	, Florida 33081
	City	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

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
Ms.	Emy Fahic	P.O Box 817866, Hollywood FL 3:	□ Add
			■ Remove
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			☐ Change
			Add
			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00