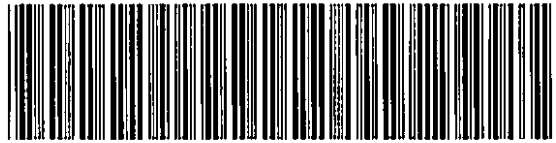


218000034169



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08/15/18--01022--020 **61.25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Wrong form

Office Use Only

FILED
18 AUG 31 AM 6:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG 31 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2018

RAFFA GROUP LLC
ROUFAEL SABILA
1455 N TREASURE DR., STE. 7B
N BAY VILLAGE, FL 33141

SUBJECT: RAFFA GROUP LLC
Ref. Number: L18000034169

We have received your document for RAFFA GROUP LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP/LLLP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00017312



www.raffagroup.com

August 30, 2018

Ms. Karen Saly
FL DEPARTMENT OF STATE
Division of Corporations
Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDEX AIRBILL #8599 2650 5714

REF: LETTER #818A00017312

Dear Ms. Saly,

Attached please find correct documentation to do the changes necessary to Raffa Group LLC.

We are replacing the manager for a different one. Please review and make necessary changes.

I am attaching a FedEx envelope in order to get these sent back to us ASAP as we are in the process of obtaining financing and we need everything to be in order.

Please feel free to call me directly should you have any issues and or questions. My cell phone number is (305) 562-8822.

Thank in advanced for all your help.

Cordially,

Brenda Stewart
RAFFA GROUP LLC
Fencing & Beyond

COVER LETTER

REF
918A 000 17312
ATTN: SALLY, KAREN

TO: Registration Section
Division of Corporations

SUBJECT: RAFFA GROUP 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:

BRENDA STEWART C/O ROUFAEL SABILA
Name of Person
RAFFA GROUP LLC
Firm/Company
1455 N. TREASURE DRIVE, SUITE 7-B
Address
NORTH BAY VILLAGE, FL 33141
City/State and Zip Code
BRENDA@RAFFAGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA STEWART 305 562-8822
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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**

FILED
18 AUG 31 AM 6:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAFA GROUP 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 FEBRUARY 07, 2018 and assigned Florida document number L180 000 34169.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

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

_____ Florida _____

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LINNET DIAZ	1455 N, TREASURE DR. SUITE 7-B	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROUFAEL SALIBA	1455 N. TREASURE DR. SUITE 7-B	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 AUG 31 AM 5:42
 FILED
 STATE OF FLORIDA
 TALLAHASSEE
 DEPARTMENT OF REVENUE
 ADD
 REMOVE
 CHANGE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
18 AUG 31 AM 6:42
SHERIFF'S OFFICE STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated AUGUST 29, 2018

Signature of a member or authorized representative of a member

Linnet Diaz Diaz
Typed or printed name of signee

