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(City/State/Zip/Phone #)

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DEC 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RASTAM HOLDINGS, 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:

DAN P. HELLER, ESQ.

Name of Person

HELLER ESPENKOTTER, PLLC

Firm/Company

2701 PONCE DE LEON BOULEVARD, SUITE 301

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

Dan@hellerlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan P. Heller

305 777-3765
at ()

Name of Person

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

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RASTAM HOLDINGS, LLC

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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	AMBER TAYLOR	1521 ALTON ROAD	<input checked="" type="checkbox"/> Add
		900	<input type="checkbox"/> Remove
		MIAMI BEACH, FLORIDA	<input type="checkbox"/> Change
		33139	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: _____ (optional)

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Dated 11-26, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee