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JUL 1 3 2019 **S. YOUNG**

COVER LETTER

Division of Cor			•
RAFAEL F SUBJECT:	FLIPERO WILLIAMS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RAFAEL FLIPERO WILI	LIAMS	
		Name of Person	
	RAFAEL FLIPERO WILI	LIAMS LLC	
		Firm/Company	
	c/o 3860 Dalry Drive		
		Address	
	Jacksonville / Florida 3224	46	
		City/State and Zip Code	
	Rafaelwilliams@Rfwgloba		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Rafael Williams		904 386-8297	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

RAFAEL FLIPERO WILLIAMS LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on October 16, 2018	and assigned
lorida document number L18000243515	<u></u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ited liability company here:	
AFAEL FLIPERO WILLIAMS-BEY LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	Carre among
nter new mailing address, if applicable:		ر ا
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or regis	tered office address on our records, en	ter the name of the
gistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
		1
	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	
			Add	
			Remove	
			Add	
			Remove	
			Change	
			Add	
			П Remove	
			Change	
	-			
			Remove	
			Change	
			Premove	
			Change	
			Remove	

-	
-	
•	
lf an ef <u>Note:</u>	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	
Jacti	A)
	Signature of a member or authorized representative of a member
	Signature of a thermoer of authorized representative of a thermoer

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Filing Fee: \$25.00