

L18000 243 515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

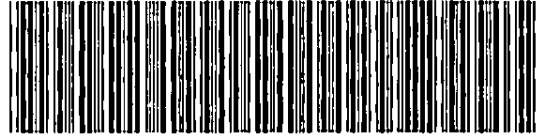
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21 JUL 12 PM 3:47

STATE OF MICHIGAN
REGISTRY SERVICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAFAEL FLIPERO WILLIAMS 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:

JESSICA L. HERGE

Name of Person

RFW SWISS SOLUTIONS LLC

Firm/Company

P.O. Box #16023

Address

JACKSONVILLE, FL 32245

City/State and Zip Code

RFWEXCHANGE@OUTLOOK.COM

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

For further information concerning this matter, please call:

RAFAEL F. WILLIAMS

1800 255-1726

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RAFAEL FLIPERO WILLIAMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 JUL 12 PM 3:47

The Articles of Organization for this Limited Liability Company were filed on October 16, 2018, A.D. and assigned Florida document number L18000243515.

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)

10700 Beach Blvd. #16023

Jacksonville, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box #16023

Jacksonville, FL 32245

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:

Jessica L. Herge

New Registered Office Address:

P.O. Box #16023

Enter Florida street address

Jacksonville

Florida 32245


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.

Without Prejudice, F.S. 671.207,



If Changing Registered Agent, Signature of New Registered Agent
Jessica Louise; Herge

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F.S. 671.103, 671.105, 672.202,

[WITHOUT RECOURSE]

Authorized Representative For: JLI@LLC

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

21 JUL 12 PM 3:47

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------|--------------------------|--|
| AMBR | Rafael F. Williams | P.O. Box 16023 | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32245 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Jessica L. Herge | P.O. Box 16023 | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32245 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | RAFAEL F WILLIAMS | 13967 NATIONS EAGLE LANE | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32226 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | Rafael Flipero Williams-El | 13967 NATIONS EAGLE LANE | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32226 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

BUSINESS EMAIL UPDATE: RFWEXCHANGE@OUTLOOK.COM

BUSINESS PHONE: 1800 255-1726

21 JUL 12 AM 3:47

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 June 31st 2021, A.D.

Without Prejudice, F.S. 671.207,

Signature of a member or authorized representative of a member



Rafael Flipero; Williams

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F.S. 671.103, 671.105, 672.202,

[WITHOUT RECOURSE]

Authorized Representative For: RFWOLLC

(RAFAEL FLIPERO) 1800 255-1726

