## L18000280555

(Requestor's Name)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Co					
LOCFIT 3	65 LLC				
30b0ECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ALTHEA ADAMS				
	<del></del>	Name of Person			
	ADVANCED ACCOUNT	ING & TAX OPTIONS LLC	S	21.	
		Firm/Company	FCR	921	-
	6685 FOREST HILL BLV	D SUITE 211	E MAN	9 - JUL -9	Í
	·	Address	<u> </u>	أ ف	_
	GREENACRES FL 33413		OF S.	JUL -9 PM 3: 07	  -
		City/State and Zip Code		O,	
	TAXOPTIONS208@GMA	IL.COM to be used for future annual report notification		⊸.	
For further information (	concerning this matter, please c	·	30)		
TAKEISHA PRATT	timetring this matter, prease t	561 597 2498			
	of Person	at ()	<del> </del>		
Name (	of Person	Area Code Daytime Tek	ephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy radditional copy is	Status &	
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N, Monroe Str Tallahassee, FL 323	ntions hassee reet, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOCFIT 365 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L18000280555	were filed on 12/05/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RAE'S TOUCH LLC	22	20
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" designation	
Enter new principal offices address, if applicable:	915 29TH STREET → T	
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH FL 33407	9
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SSEE, FL	PM 3: 07
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, 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

Title	<u>Name</u>	Address	Type of Action
AMBR	ALEXIS RAE PRATT	915 29TH STREET	□ Add
		WEST PALM BEACH FL. 33407	□Remove
			■Change
<del></del>			□Add
		3	SECRETARY OF
			STATE
			□Remove □Change
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Filing Fee: \$25.00