

L190000 23536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

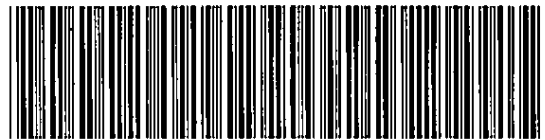
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/19--01010--026 **25.00

2019 MAY 14 PM 1:52
WILLIAMSBURG, FLORIDA

FILED

2019 MAY 14 PM 1:52
WILLIAMSBURG, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARE CAPITAL INVESTMENTS 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:

ASSIA PAYNE

Name of Person

Firm/Company

20264 NE 15 CT

Address

MIAMI FL 33179

City/State and Zip Code

ROD@FASTGUARDSERVICE.COM

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

For further information concerning this matter, please call:

ROD PAYNE

Name of Person

at (305) 923 5034

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RARE CAPITAL INVESTMENTS, 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 28th MAY 24/2019 1:52 and assigned
Florida document number L19000023536

FILED
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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:

DARFOOR LAW FIRM, P.A.

New Registered Office Address:

100 SE 3RD AVE 10TH FL

Enter Florida street address

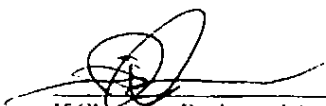
FORT LAUDERDALE Florida 33394

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	AMINE, ASSIA	20264 NE 15 CT	<input type="checkbox"/> Add
		MIAMI FL 33179 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Roderick, PAYNEJ	20264 NE 15 CT	<input type="checkbox"/> Add
		MIAMI FL 33179 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RARE LIVING TRUST DATED APRIL 29, 2019	20264 NE 15 CT	<input checked="" type="checkbox"/> Add
		MIAMI FL 33179 UN	<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

NO

FURTHER

[illegible]

(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)

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

Dated MAY 9 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Roderick Payne

Typed or printed name of signee