

H190002647593636

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ASAP ACCOUNTING SERVICES INC
Account Number : I20180000029
Phone : (239)352-4099
Fax Number : (239)919-8333

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: asapaccounting@me.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RAFER INVESTMENTS, LLC**

Certificate of Status	1
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SEP 05 2019

2019 SEP -4 PM 1:21

2019 SEP -4 PM 4:46

APPROVED
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAFA 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:

FERNANDO MORENO

Name of Person

RAFA INVESTMENTS LLC

Firm/Company

200 TURTLE LAKE CT - APT 110

Address

NAPLES, FL 34105

City/State and Zip Code

asapaccounting@me.com

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

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For further information concerning this matter, please call:

FERNANDO MORENO

305 323-7489

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAFER 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 09/03/2019 and assigned
Florida document number L19000139636.

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**)

1055 FOREST LAKE - APT D211

NAPLES, FL 34105

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1055 FOREST LAKE - APT D211

NAPLES, FL 34105

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:

New Registered Office Address:

1055 FOREST LAKE - APT D211

Enter Florida street address

NAPLES

City

Florida 34105

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	MONICA LAVADENZ	1055 FOREST LAKE - APT D211 NAPLES, FL 34105	<input checked="" 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
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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.)

2019 SEP -4 PM 4:46

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09/03/2019

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 in date of filing or more than 90 days after filing.) Pursuant to (05.0207 (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 SEPTEMBER 3

2419

Signature of a member or authorized representative of a member

FERNANDO MORENO

Typed or printed name of signer