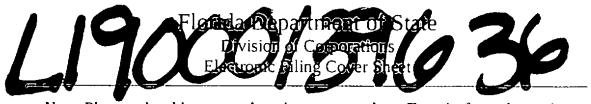
Fax: 8134.

Division of Corporations



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(((H23000240695 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_____



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

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Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

-11.11-1-1-2023---

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT

	TO ARTICLES OF ORGANIZATION OF						
ď	•	3. -		•	*		
	RAFER INVES	TMENT	S LLC				

To: 18506176383

(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 w	ere filed on 05/24/19	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	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	···
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	20/3
	•	(:
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the name o	f the new registere
Nama of Nous Bagintamed Agents		7 9 (
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	<u> </u>
	Planta	
	Florida	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.

7/10/2023 07:28:41 PCT

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 81340

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
MGR	MORENO, FERNANDO	1055 FOREST LAKE APT D211	□Add
		NAPLES, FL 34105	⊠Remove
			□Change
MGR	LAVADENZ, MONICA	1055 FOREST LAKE APT D211	□Add
		NAPLES, FL 34105	⊠Remove
			□ Change
MGR	NITHAHAIA LLC	1055 FOREST LAKE APT D211	XiAdd
		NAPLES, FL 34105	□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove

To: 18506176383

From: Registered Agents Inc

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Note: If the date inserted in this b	ist he specific and cannot be prior to date of block does not meet the applicable stat	(optional) filling or more than 90 days after filling.) Pursuant to 605.0207 (3)(4) utory filling requirements, this date will not be listed as the
document's effective date on the I	Department of State's records.	
If the record specifies a delayed effecti record is filed.	ve date, but not an effective time, at E	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 10	2023 10.1.1/ Signature of a member or authorized rep	

Typed or printed name of signee