

L19000 171578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

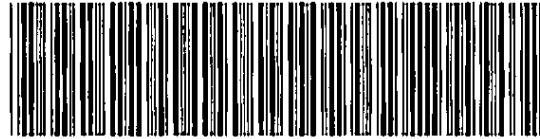
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1/28/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAPHA PARTY RENTALS, 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:

Karla Lopez
Name of Person
RAPHA PARTY RENTALS, LLC
Firm/Company
3246 NW 92nd Street
Address
Miami, FL 33147
City/State and Zip Code
karla.lopez2980@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Lopez at (786) 563-6738
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

RAPHA PARTY RENTALS, LLC

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	Moises Castillo	2485 NW 85th St	<input checked="" type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Karla Lopez	3246 NW 92 St	<input type="checkbox"/> Add
		Miami, FL 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SOUTHERS DISTRICT OF FLORIDA

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

Moises Castillo phone number (786) 533-4169

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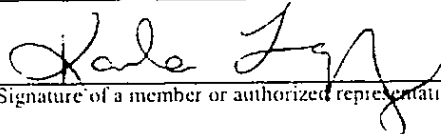
E. Effective date, if other than the date of filing: 01/01/2021 (optional)

(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 November 20th, 2020


Signature of a member or authorized representative of a member

Karla Lopez

Typed or printed name of signee