## L19000 171578

| (Requestor's Name)   |                                |  |  |
|--|--------------------------------|--|--|
| (Address)  | 700356544287                   |  |  |
| (City/State/Zip/Phone #)   |                                |  |  |
| (Business Entity Name)   | 12/21/2001038005 **25.00       |  |  |
| (Document Number)  |                                |  |  |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer: | 2                              |  |  |
| Special instructions to Filing Officer.  | FILED<br>2020 DEC 21 AM II: 50 |  |  |
|  | 50                             |  |  |

Office Use Only

1/24/21

## COVER LETTER

| Division of Corp                |   |   | •   |
|---------------------------------|---|---|---|
| euburet.                        |   | RENTALS, ELC  |   |
| SUBJECT:                        | Name of Limi                                    | ted Liability Company   |   |
| The enclosed Articles of a      | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo      | ndence concerning this matter                   | to the following:   |   |
|                                 | Karla Lopez                                     |   |   |
|                                 |   | Name of Person  | <del></del>   |
|                                 | RAPHA PARTY RENTAI                              | LS, LLC   |   |
|                                 |   | Firm/Company  |   |
|                                 | 3246 NW 92nd Street                             |   |   |
|                                 |   | Address   | <del></del>   |
|                                 | Miami, FL 33147                                 |   |   |
|                                 |   | City/State and Zip Code   |   |
|                                 | karla.lopez2980@gmail.com                       | n<br>to be used for future annual report notif                      | dication)   |
| For further information c       | oncerning this matter, please co                |   |   |
| Karla Lopez                     |   | 786 563-6738  |   |
| Name o                          | f Person  | Area Code Daytim  | e Telephone Number  |
| Enclosed is a check for the     | he following amount:                            |   |   |
| ■ \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                  |   | Street Address:<br>Registration Se                                  | ction   |
| Registration 3<br>Division of C |   | Division of Cor   | rporations  |
| P.O. Box 632                    | -   | The Centre of T   | [allahassee   |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ( <u>Name of the Limited</u><br>(A                       | Liability Compa<br>Florida Limited I | ny as it now appear:<br>Liability Company) | s on our records.)              |                    |
|--|--------------------------------------|--|---------------------------------|--------------------|
| The Articles of Organization for this Limited Liab       | oility Company                       | were filed on                              | 07/01/2019                      | and assigned       |
| lorida document number L19000171578                      | ·                                    |  |                                 |                    |
| his amendment is submitted to amend the follow           | ving;                                |  |                                 |                    |
| a. If amending name, enter the new name of the           | <mark>he limited liab</mark> i       | ility company he                           | <u>re</u> :                     |                    |
|  | <u> </u>                             |  |                                 |                    |
| he new name must be distinguishable and contain the word | ds "Limited Liabii                   | lity Company," the do                      | signation "LLC" or the          |                    |
| inter new principal offices address, if applicab         | ole:                                 |  |                                 | 2020               |
| Principal office address MUST BE A STREET.               | ADDRESS)                             | 2485 NW 85th 8                             | it                              |                    |
|  |                                      | Miami, FL 3314                             | 7                               |                    |
|  |                                      |  |                                 | ; <u>~</u> ;       |
| nter new mailing address, if applicable:                 |                                      |  |                                 | AH D               |
| (Mailing address MAY BE A POST OF FICE BO                | 0X)                                  | 2485 NW 85th 5                             | St                              |                    |
|  | <del></del>                          | Miami, FL 3314                             | 7                               | 50                 |
|  |                                      | address on our re                          | ecords, enter the n             | ame of the new reg |
| gent and/or the new registered office address            | here:                                |  |                                 |                    |
| •                  | Moises Castillo                      | )<br>                                      |                                 |                    |
| gent and/or the new registered office address            | here:                                | St   |                                 |                    |
|  | Moises Castillo                      | St   | ida strect address<br>, Florida |                    |

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address         | Type of Action       |
|--------------|-----------------|-----------------|----------------------|
| MGR          | Moises Castillo | 2485 NW 85th St | ≅Add                 |
|              | `               | Miami, FL 33147 | □Remove              |
|              |                 |                 | □Change              |
| P            | Karla Lopez     | 3246 NW 92 St   |                      |
|              |                 | Miami, FL 33147 | ■Remove              |
|              |                 |                 | DE Change            |
|              |                 | ·               |                      |
|              |                 |                 | □ <del>€€</del> move |
|              |                 |                 | Change               |
| <del></del>  |                 |                 |                      |
|              |                 |                 | Remove               |
|              |                 |                 | □Change              |
|              |                 |                 |                      |
|              |                 |                 | Remove               |
|              |                 |                 | Change               |
|              |                 |                 | □Add                 |
|              |                 |                 | □Remove              |
|              |                 |                 | ∏Chanan              |

| Hoises                | Castillo              | MONE                           | number                   | (780)5                | 33-4169                                      |
|-----------------------|-----------------------|--------------------------------|--------------------------|-----------------------|--|
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|                       |                       | <u> </u>                       |                          |                       |  |
|                       |                       | 0                              | 1/01/2021                | ,                     |  |
| antino doto in limbol | r than the date of t  | filing:<br>ic and connot be pr | ior to date of filing or | nore than 90 days aft | tional)<br>or filing.) Pursuant to 60        |
| If the date inserte   | d in this block does  | not meet the app               | dicable statutory fili   | ng requirements, th   | nis date will not be lis                     |
| ent's effective dat   | te on the Departmen   | t of State's recor             | ds.                      |                       |  |
|                       |                       |                                |                          |                       |  |
|                       | ed effective date, bu | it not an effectiv             | e time, at 12:01 a.m     | on the earlier of:    | (b) The 90th day after                       |
| cd.                   |                       |                                |                          |                       |  |
| November 20th         |                       | 2020                           |                          |                       |  |
| November 20th         |                       |                                | ·                        |                       |  |
|                       | i                     | <i>)</i>                       | 1an                      |                       |  |
|                       |                       |                                | - , )/ t                 |                       |  |
|                       |                       | of a member or a               | whorized representation  | e of a member         |  |
|                       | Signature             | of a member or a               | uthorized representati   | re of a member        |  |

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Filing Fee: \$25.00