

(Re	questor's Name)	-
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<u>- #)</u>
(011	yrotaterzipii none	- π,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



30033478683

09/26/19--01019--001

TALLAHASSEE FL

בט אנדוטי של

OCI / Con

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: <u>RA</u>	M/V/US Name of Lun	ENTER PRISO	es 110
The enclosed Articles of A	Amendment and fee(s) are sub-	matted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
		Name of Person AMCRICA	12C
	18288 C	OUIUS AVE Address	SVITE 1 El 22110
		SIES BENCH City State and Zip Code y 00 7-170 (a) id be used for future annual report notifi	
For further information co	ncerning this matter, please of	all:	
	SANTOS Person	at (186) <u>1-7-3</u> Area Code Daytime	6700 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclos
Registra Divistor P.O. Bo	NG ADDRESS: tion Section i of Corporations ix 632" (see, FL 32314	STREET/COURII Registration Section Division of Corpora Clinton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle

TO ARTICLES OF ORGANIZATION OF

RAHIVIUS ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	20
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 abbreventer new principal offices address, if applicable:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) FL 33/62	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NORTH MINM! BEACH, F	<u>. l</u> =L
B. If amending the registered agent and/or registered office address on our records, <u>enter the</u> registered agent and/or the new registered office address here:	<u>nai</u>
Name of New Registered Agent:	<u>ن:</u> -
New Registered Office Address: Enter Florida street address 57- 57- 57- 57- 57- 57-	4 < 6
New Registered Agent's Signature, if changing Registered Agent:	10: 3
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree by provisions of all statutes relative to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the being filed to merely reflect a change in the registered office address. I hereby confirm that the limited company has been notified in writing of this change.	lier vis et

Page 1 of 3

If Changing Registered Agent, Signature of New Registered .

MGR = N ANIBR = A	lanager Anthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type
MGR	KerikAITE, RAIMONDA	15421 W DIXE Hay #13 N. MIAMI BEACH FL 33162	
		N. MIAMI BEACH FL 33/62	X
1			<u> </u>
Man	CASTANHO DA SILVA, JESONIAS	15421 W. DIXIE HWY # 13 N. MIAMI BEACH FL 33/62	×
		N. MIAM, BEACH FL 33/62	<u>. </u>
·· ·· ·-	.,,		
			<u> </u>
**** ******* *** *			د 🗆 📗
			_
			-
			□ R

or removed from our records:

	ļ
	<u> </u>
	1
	<u> </u>
	<u> </u>
	<u> </u>
Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to). The 90th day after the record is filed.	he e
Dated September 20th 20/9 Sufols	
Signature of a member or authorized representative of a membe:	
Typed or printed name of signee	<u> </u>
Typed of printed name of figure	

Page 3 of 3

Filing Fee: \$25.00