

219000230193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

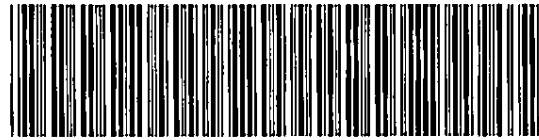
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV -9 PM 4: 59

SECRETARY OF STATE
TALLAHASSEE, FL

11/9/20

11/12/20

@



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Received by
Email
11/9/20

October 21, 2020

ANA MARIA SORIANO
7901 4TH STREET N
STE 300
ST. PETERSBURG, FL 33702

Ref. Number: L1900020193

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 520A00020881

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAI GLOBAL TRADING, 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:

Ana Maria Soriano

Name of Person

RAI Global Trading, LLC

Firm/Company

7901 4th Street N, Ste. 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

anasoriano@outlook.com

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

For further information concerning this matter, please call:

Ana M. Soriano

Name of Person

at (416)

Area Code

949.6616

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

FILED

SECRETARY OF STATE
TALLAHASSEE, FL.

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>
Managing Member	Leandro Osorio de Vargas	7901 4th Street N., Ste. 300	☐ Add
		St. Petersburg, FL 33702	☒ Remove
			☐ Change
Member	Roberto Nejm Junior	7901 4th Street N., Ste. 300	☐ Add
		St. Petersburg, FL 33702	☒ Remove
			☐ Change
Managing Member	Zulaine Teles Ribeiro	7901 4th Street N., Ste. 300	☒ Add
		St. Petersburg, FL 33702	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee