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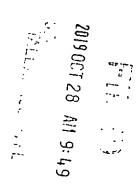
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COVER LETTER

TO:	Registration Sect Division of Corpo		•	
SUBJI	ест:	RAVA SOLV Name of Limit	IT TONS LLL ited Liability Company	
Division of Corporations SURJECT: RAVA SOLUTIONS LLL 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: SANTA RAVA Name of Person RAV A SOLUTIONS LLC Firm/Company 270 CYPRESS POINT DR Address PALM BRAM BRAM BANDENS, FL 339/8 City/Natae and Zip Code SANTARAVA GMAIL COM F-mediaddress (to be used for future annual report notification) For further information concerning this matter, please call: SANTA RAVA Nume of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: X \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certificate Copy (additional copy is enclosed)				
Please	return all correspond	dence concerning this matter	to the following:	
		SANTA	RAVA	
			Name of Person	
		RAVA	- SOLUTIONS LL	C
			Firm/Company	
		270 CYP.	RÉSS POINT DR	
			Address	
		PALM BEACH	1 GARDENS, FL 3	34/8
		E-mail address: (t	to be used for future annual report notifi	cation)
For fur	ther information cor	ncerning this matter, please ca	all:	
	SANTA	RAVA	ar (707) 529 322	23
	Name of I	'erson	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	following amount:		
Þ. \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SOLUTIONS		
(<u>Name of the Limited Liabi</u> (A Flore	ility Company as it nov da Limited Liability Co	<u>v appears on our recor</u> mpany)	<u>ds.</u>)
he Articles of Organization for this Limited Liability lorida document number <u>レ / タ の り っ 2 . 4 . 7 . 7 . 4</u>	Company were filed	on <u>12/8/25/</u> 9/25/	and assigned
nis amendment is submitted to amend the following:		•	
. If amending name, enter the new name of the lin	mited liability comp	oany here:	2 0
			2019 OF FALL
ne new name must be distinguishable and contain the words "Li	imited Liability Compan	y," the designation "LL0	C" or the abbreviation L.L.C."
nter new principal offices address, if applicable:			28
rincipal office address MUST BE A STREET ADD)RFSS)		7
restoration of the second seco			. 9
			9
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or reg gistered agent and/or the new registered office ad		ress on our record	ls, enter the name of the
Name of New Registered Agent:	·	-	
		_	
New Registered Office Address:			
New Registered Office Address:	Ŀ	inter Florida street addre	33.
New Registered Office Address:	. P		lorida

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, 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
(EO	SANTA RAVA	270 LYPRESS POINT DR	
		PALM BEACH GARDENS FL 334	Remove
			Change
MGR	SANTA RAVA	270 CYPRÉSS POINT DR	Add
		PALM BEACH GARDENS, FC334	
			Change
			D Add
			🗆 Remove
			Change
			□ Add
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<u>.</u>	
lf an effe Note:	ve date, if other than the date of filing: (optional) extive 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _.	10/24/2019 1.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00