## N19000278982

(Re	equestor's Name)	<del></del>
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## **COVER LETTER**

TO: Registration So Division of Cor					
RAOSMAI SUBJECT:	R, LLC			٤	:
30BJEC1	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RAQUEL A. CASTILLO,	ESQ.			
		Name of Person		,	
	CASTILLO-MINA LAW	OFFICES, PLLC			
		Firm/Company		•	
	5001 Collins Avenue, Suito	2 5C			
		Address		•	
	Miami Beach, FL 33140				
		City/State and Zip Code		,	
	raquelcastillo@castillomina		<del>,</del>		
	E-mail address; (t	to be used for future annual report notific	:ation)		
For further information of	concerning this matter, please ca	all:		202 3 C	
Raquel A Castillo		305 213-9208		2021 AUG -2 CONSIDER TALLAHA	THE E
Name o	of Person	Area Code Daytime	Telephone Number	- N	i Tali
				SS T	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAOSMAR, LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) shity Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 11/22/2019 and assigned
Florida document number L 19000278982	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the w	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202
_	AC A
Enter new mailing address, if applicable:	N T
Mailing address MAY BE A POST OFFICE BOX)	right DE com
	797
<del>-</del>	N
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	ress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

## 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, 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
MGR	Edwin Ricardo Escobar Ruiz	2237 GRANT STREET	■Add
		HOLLYWOOD, FL 33020	□Remove
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			□Remove
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reffective date is liste te: If the date inse	ner than the date of al, the date must be speci rted in this block does date on the Departme	ific and cannot be pri- s not meet the appl	icable statutory fi	r more than 90 days after			
cord specifies a de s filed.	layed effective date, b	out not an effective	time, at 12:01 a.i	n. on the earlier of: (	b) The 90th	day after	the
	7111	27 2021	Lo thorized representat				
ed	<del></del>	,					