

L200000248796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

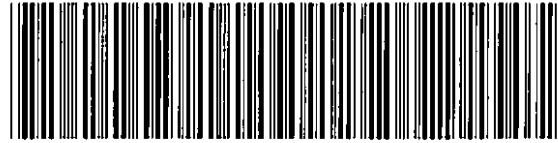
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300416422213

LLC
N/C & Amend

09/28/23--01022--013 **30.00

FILED
2023 SEP 28 AM 8:17
CLERK OF SUPERIOR COURT
JANUARY 11, 2024

A. RAMSEY
OCT 12 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RawTouchh 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:

Melissa Nicolas

Name of Person

RawTouchh LLC

Firm/Company

14370 NW 15th Dr

Address

Miami, FL 33167

City/State and Zip Code

RawTouchh@gmail.com

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

For further information concerning this matter, please call:

Melissa Nicolas

Name of Person

at (941) 763-7742

Area Code

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 SEP 28 AM 8:17

RawTouchh LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/14/2020 and assigned
Florida document number L20000248796.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Raw Touchh LLC

The new name must be distinguishable and contain the words "Limited Liability 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**)

840 N LAUDERDALE AVE

NORTH LAUDERDALE, FL

33068 United States

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

14370 NW 15TH DR

MIAMI, FL 33167

United States

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Melissa Nicolas

New Registered Office Address:

14370 NW 15TH DR

Enter Florida street address

Miami

City

Florida

33167

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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Melissa Nicolas</u>	<u>14370 NW 15th Dr</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33167</u>	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>CEO</u>	<u>Melissa Nicolas</u>	<u>14370 NW 15th Dr</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33167</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~The business~~
New business name just
has a space. The word
Raw Touchh should not be spelled
together.

E. 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 9/25/2023



Signature of a member or authorized representative of a member

Melissa Nicolas

Typed or printed name of signee