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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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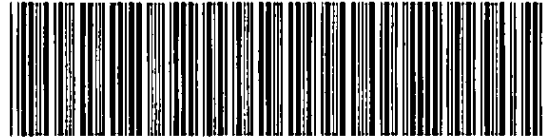
(Business Entity Name)

(Document Number)

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A. BUTLER

JAN 20 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RA FLL, 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:

William Caffrey, Jr.
Name of Person
The Crest Group
Firm/Company
1201 Route 112, Suite 900
Address
Port Jefferson Station, NY 11776
City/State and Zip Code
www.caffrey@crestorg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Caffrey	631	582-4800 x. 19
Name of Person	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

- 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>
AMBR	Madison EAT, L.L.C.	1125 Ocean Avenue	<input type="checkbox"/> Add
		Lakewood, NJ 08701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Crest HM LLC	1201 Route 112, Suite 900	<input checked="" type="checkbox"/> Add
		Port Jefferson Station, NY 11776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Enrico Scarda	1201 Route 112, Suite 900	<input checked="" type="checkbox"/> Add
		Port Jefferson Station, NY 11776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 January 5 2022

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

William P. Caffrey, Jr., Esq.

Typed or printed name of signee

Filing Fee: \$25.00