

9/6/23 10:11 AM

Division of Corporations

**2100032841**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Please print this number and use it as a reference sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1123000309958 3))



F0310031099583

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6253

From: Account Name : BARINAS & ASSOCIATES INC.  
Account Number : 120900000882  
Phone : (305)971-0699  
Fax Number : (305)970-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RAJAS TWO LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2023 SEP -6 AM 11:45

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SEP 6

2023 SEP -6 PM 4:35

Electronic Filing Menu Corporate Filing Menu Help

SEP 07 2023  
T. LEMUEX

DocuSign Envelope ID: GE76C716-252C-42F3-8558-1702A847FD13

COVER LETTER

TO: Registration Section  
Division of Corporations

RAJAS TWO LLC

SUBJECT: \_\_\_\_\_  
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.

YANELLE M BARINAS

\_\_\_\_\_  
Name of Person

BARINAS & ASSOCIATES, INC.

\_\_\_\_\_  
Firm Company

5701 NW 36 ST

\_\_\_\_\_  
Address

VIRGINIA GARDENS, FL 33166

\_\_\_\_\_  
City State and Zip Code

BARINASB@GMAIL.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

305 871-0889

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

DocuSign Envelope ID: 0E76C716-252C-42F3-8688-1702A847FD13

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RAJAS TWO 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 01/14/2021 and assigned  
Florida document number L21000032841.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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

DocuSign Envelope ID: 0E76C716-252C-42F3-858B-1702A847FD13

If amending (AUTHORIZED PERSONS) 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>
MGR	MASSIMILIANO TRAZZI	5701 NW 36TH ST	<input type="checkbox"/> Add
		VIRGINIA GARDENS, FL 33166 VIRGINIA GARDENS, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DocuSign Envelope ID: 0E76C716-252C-42F3-8686-1702A847FD13

17. ATTACHING ANY OTHER INFORMATION, CHECK CHANGE(S) HERE: *(Attach additional sheets, if necessary.)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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 \_\_\_\_\_

DocuSigned by  
*Sergio Hicke*

Signature of a member of authorized representative of a member

SERGIO HICKE

\_\_\_\_\_  
Typed or printed name of signee