

121000145611

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

US  
10/24/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: sarafina's Raymis restaurant 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:

Raynold Pierre  
Name of Person

sarafina's Raymis restaurant LLC  
Firm/Company

604 East Moody Bly Suite 8  
Address

Bunnell FL 32110  
City/State and Zip Code

raynolpierre@aol.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Raynold Pierre at (954) 429 02 93  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SARAFINA'S Eatery L.L.C.

(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 04-01-2021 and assigned Florida document number 221000145611.

This amendment is submitted to amend the following:

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

SARAFINA'S Ragnis Restaurant L.L.C.

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)

51 HHL Path  
Palm coast  
FL 32169

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CLERK OF STATE  
PALM BEACH, FL.

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:

milouse E. Pierre

New Registered Office Address:

51 HHL Path

Enter Florida street address

Palm coast

City

Florida

32169

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

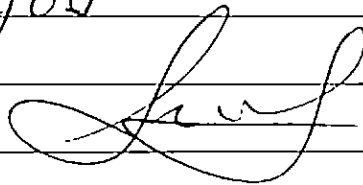
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	owner	Raynold Pierre ✓ 5141 Path Palm coast fl 32164	<input checked="" type="checkbox"/> Add
		Raynicka Pierre	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR		Milouse E. Pierre ✓	<input checked="" type="checkbox"/> Add
		Henande Pierre ✓	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
		Robert Jean ✓	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		Jeanty Betty ✓	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		Steeve Amboise ✓	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Sarafinas raymis restaurant is the  
name I have on my submit for some  
reason IRS have different name.  
we do make that amendment to  
corrected the name of the business  
and removed couple name who been  
add by mistake.

Thank-you



- Raynold Pierre  
owner

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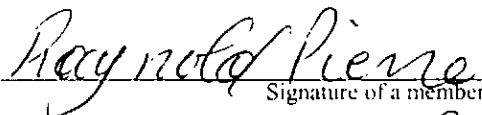
E. Effective date, if other than the date of filing: 10-11-2021 (optional)

(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 10-11-2021, \_\_\_\_\_



Signature of a member or authorized representative of a member

Raynold Pierre

Typed or printed name of signee