Florida Department of State Division of Corporations Electronia Killing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

Fax Number : (815)301-2897

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

Email Address: JCOLON @ BRILEY NEALTH. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RALPH MT LLC

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2022 JUN 10 AM 9: 42

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Corporate Filing Menu

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JUN 10 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RALPH MT LLC		
(Name of the Limited Liability Compa	ny as it now Appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000213617</u>	were filed on MAY 5, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
		. ~
Enter new principal offices address, if applicable:	18800 NE 29TH AVE	022
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL 33180	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	18800 NE 29TH AVE	
	AVENTURA, FL 33180	
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	
	, Florie	ปล

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 heing 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

Title	<u>Name</u>	Address	Type of Action
	RAPHAEL TOLEDANO	18800 NE 29TH AVE	
		AVENTURA, FL 33180	□Remove
			Change
			□Add
			Remove
			Change
		□Add	
			□Remove
			□∧dd
			Change
			□ Add
		□Remove	
			Change
			□ Add
		<u> </u>	□Remove

smending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
Note: If the da	, if other than the date of filing: e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ective date on the Department of State's records.
ne record specifiord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	6.10.22
Dai:00	Russ
	Signaporo/of a recomber or authorized representative of a member
	LAIGH THEDAND.
	Typed or printed name of signee

Filing Fee: \$25.00