# 422000217038

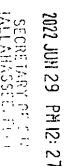
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HOR	NE
	SEP 29	2022

Office Use Only



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### **COVER LETTER**

TO: Registration So Division of Con			
RAISBEL	AC ,LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	RAISBEL GONZALEZ		
		Name of Person	<u> </u>
		RS	
		Figure Company	
	220 SW 51 ST AVE		
	·	Address	
	CORAL GABLES		
	FLORIDA 33131	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all;	
RAISBEL GONZALEZ		305 776 9458	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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



RAISBEL AC .LLC			
(Name of the Limited Liability Comps (A Florida Limited)	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 05/09/2022	and assigned	
Florida document number L22000217038			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
"he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3101 CARTLON ARM APT # A		
Principal office address MUST BE A STREET ADDRESS)	TAMPA FLORIDA 33614		
Enter new mailing address, if applicable:	3101 CARTLON ARM APT # A		
Mailing address MAY BE A POST OFFICE BOX)	TAMPA FLORIDA 33614		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the </u>	name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
		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>	Name	<u>Address</u>	Type of Action
AMBR	RAISBEL GONZALEZ	3101 CARTLON ARM APT A	
		TAMPA FL 33614	□Remove
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		<del>.</del>	□ Add
			Remove
			☐ Change
			□Add
		<del> </del>	□Remove
		<del></del>	
			□Remove
			☐ Change
			□Remove
			□Add
			Remove
			□ Change

	MAKE CHANGES					
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ective date, i	other than the dat listed, the date must be :	e of filing:			(optional	)
te: If the date	nstea, the date must be : nserted in this block (	specific and cannot does not meet the	be prior to date of applicable stati	nung or more than itory filing requi	90 days after tiling ements, this date	; ) Pursuant to 605,0207 : will not be listed as
	ve date on the Depar					
	delayed effective dat	te, but not an effe	ective time, at 12	:01 a.m. on the c	arlier of: (b) T	he 90th day after the
s filed.						
ed						
ed						
ed		KS				
ed	Sign	nature, by a member	or authorized rep	resentative of a me	mber	

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