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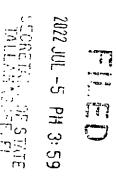
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Special Instructions to	Filing Officer:	
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A. BUTLER

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COVER LETTER

	Registration Se Division of Cor			
OUR IDA	RALIMA I	J.C		
SUBJECT:Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Liane Caballero		
			Name of Person	 _
		RALIMA LLC		
			Firm/Company	
		11141 SW 71 Ave		
			Address	
		Miami,FL 33156		
			City/State and Zip Code	_
		rloys@bellsouth.net		
		E-mail address: (to be used for future annual report not	tification)
For furth	ner information c	oncerning this matter, please c	all:	
Liane Ca	aballero		786 262-4270	
	Name o	f Person		ne Telephone Number
Enclosed	d is a check for the	he following amount:		
□ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Address		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL -5 PH 3+5

RALIMA, 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 $\frac{06/01/2022}{1}$ 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 "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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>	Address	Type of Action
MGR	Raul Loys	11141 SW 71 Ave	■Add
		Miami,FL 33156	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

-	
	
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(If an effect Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies 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	dre 77th rozz.
	Signature of a member or authorized representative of a member LANE CABALLELO Typed or printed name of signee

Filing Fee: \$25.00