

L23000260431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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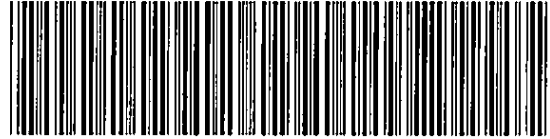
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: RAPHA TRAINING CENTER 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:

Elidiane Dera

Name of Person

Rapha Training Center LLC

Firm/Company

5425 Golden gate pwky #1E

Address

Naples FL 34116

City/State and Zip Code

Elidiane8844@aol.com

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

For further information concerning this matter, please call:

Elidiane Dera

at ( 407 ) 692-1322

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

RAPHA Training Center 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 05-30-2023 and assigned  
Florida document number L23000260431.

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:

5425 Golden gate pkwy #1E

**(Principal office address MUST BE A STREET ADDRESS)**

Naples FL 34116

Enter new mailing address, if applicable:

5425 Golden gate pkwy #E

**(Mailing address MAY BE A POST OFFICE BOX)**

Naples FL 34116

**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:

ELIDIANE DERA

New Registered Office Address:

5425 Golden gate pkwy #1E

*Enter Florida street address*

Naples

Florida 34116

*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**

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>
VP	kenaud Jeune	2712 Thorncreek Ln	<input type="checkbox"/> Add
		Fort Worth TX76177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Tranquillus Jean Denavard	1541 Education court	<input type="checkbox"/> Add
		Lehigh Acres Fl 33971	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elidiane Dera	2793 Amberwood court Naples Fl 34116	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Elidiane Dera	2793 Amberwood court Naples Fl 34116	<input checked="" 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

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

Please correct the Address to 5425 Golden gate Pkwy #1E Naples Fl 34116

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E. Effective date, if other than the date of filing: 9/8/2023 (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 September 8th, 2023

Signature of a member or authorized representative of a member

Elidianc Dera

Typed or printed name of signee

**Filing Fee: \$25.00**