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## **COVER LETTER**

TO:		ration Sect n of Corpo				
CHD IC		AS PROPE	RTY 2, LLC			
SUBJE			Name of Lim	ited Liability Company		
The end	closed Ai	ticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all	correspond	lence concerning this matter	to the following:		
			Helen Sabio			
				Name of Person		
			RAS Property 2, LLC			
				Firm/Company		<del></del>
			1880 Canova St SE			
			·	Address		
			Palm Bay, FL 32909			
			helen.sabio@gmail.com	City/State and Zip Code		<del></del>
			E-mail address: (t	to be used for future annual r	eport notification)	
For furt	ther infor	mation con	cerning this matter, please co	ıll;		
Helen :	Sabio			321 210 at ( )	)-3102	
		Name of F	erson	at () Area Code	Daytime Telephone	Number
Enclose	ed is a ch	eck for the	following amount:			
□ \$25	5.00 Filin	ig Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	osed) C	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

RAS PROPERTY 2, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now appears on our records.</mark> ) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1880 CANOVA ST SE	
(Principal office address MUST BE A STREET ADDRESS)	PALM BAY FL., 32908	
		SEC 7025
Enter new mailing address, if applicable:	1880 CANOVA ST SE	
(Mailing address MAY BE A POST OFFICE BOX)	PALM BAY FL, 32908	7
	<u> </u>	SCO TO TO
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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>	Name	Address	Type of Action
P	Roger Sabio	1880 CANOVA ST SE PALM BAY, FL 32908	<b>=</b> Add
			□Remove
			□Change
AR	HESL Holdings and Investments	2825 BUSINESS CENTER BLVD., STE B6	□Add
		MEEBOURNE, FL 32940	■Remove
			Change
AR	Silvia Sabio	1880 CANOVA ST SE PALM BAY, FL 32908	□Add
			□Remove
			☐ Change
AR	Helen Sabio	1880 CANOVA ST SE PALM BAY, FL 32908	□Add
			□Remove
			Change
AR	Juan Sabio	1880 CANOVA ST SE PALM BAY, FL 32908	□Add
		<del></del>	🗆 Remove
			☐ Change
AR	Jesus Seda	1880 CANOVA ST SE PALM BAY, FL 32908	<b>≣</b> Add
			□Remove
			□C'hange

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an effe ote:	re date, if other than the date of filing:
record Lis file	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 d.
ated _	<u>Pecember 27</u> . 2024.
	Helen Salvio Signature of a member or authorized representative of a member
	Signature of a member or authorized regressibilities of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00