

MD10000001019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

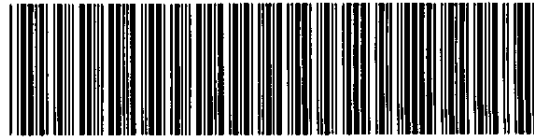
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800284912178

FILED

2018 APR 27 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 APR 27 PM 2:19

APR 28 2018
J. BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 118661 4311863

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : April 27, 2016

ORDER TIME : 12:29 PM

ORDER NO. : 118661-005

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: RAVE LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

2016 APR 27 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rave LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal Brazzel

Name of Person

RAVE LLC

Firm/Company

430 S. Congress Ave., Ste. 7

Address

Delray Beach, FL 33445

City/State and Zip Code

crystal.brazzel@ravenano.com

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

For further information concerning this matter, please call:

Carol Buckalew

Name of Person

at (215) 988-6985

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

FILED
2016 APR 27 P 2:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Rave LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M01000001019

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: May 7, 2001

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See attached Rider

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Crystal Brazzel
Signature of the authorized representative

Crystal Brazzel

Gen. Counsel / Corp Secretary

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2016 APR 27 2:00 PM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**Rider
to
Application by Foreign Limited Liability Company to File
Amendment to Certificate of Authority to Transact
Business in Florida**

For

Rave LLC

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:

The Company has filed an amendment to its Articles of Organization in California, its state of formation, to change the management type to a manager-managed company.

Accordingly, the following changes are made:

Title/Capacity	Name	Address	Type of Action
Director	Alan K. Greene	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Remove
Director	Barry Hopkins	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Remove
Director	Vincent Sollito	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Remove
Director	Frank E. Lundy	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Remove
Director	Norman Wechsler	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Remove
Manager	Alan K. Greene	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Add
Manager	Barry Hopkins	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Add
Manager	Vincent Sollito	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Add
Manager	Frank E. Lundy	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Add
Manager	Norman Wechsler	430 S. Congress Avenue, Suite 7 Delray Beach, FL 33445-4619	Add

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