

P180000 36306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

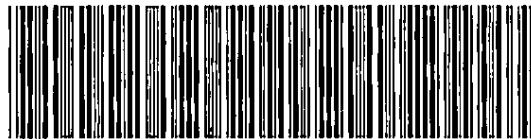
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/24/19--01016--015 **55.00

2019 JAN 24 PM 1:09

FILED

JAN 29 2019

T. LEMMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAFATINA, INC.

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:

Rafael Lopera

Name of Person

Snip Salon

Firm/Company

456 Arthur Godfrey RD

Address

Miami, FL 33140

City/State and Zip Code

loperarafael@yahoo.com

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

For further information concerning this matter, please call:

Rafael Lopera

305

834-5885

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2019 JAN 24 P 1:19

RAFATINA, INC.

(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 April 18, 2018 and assigned
Florida document number P18000036306.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RAFALOVE, LLC

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:

456 Arthur Godfrey RD

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33140

Enter new mailing address, if applicable:

456 Arthur Godfrey RD

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33140

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:

Rafael Lopera

New Registered Office Address:

456 Arthur Godfrey RD

Enter Florida street address

Miami

City

Florida 33140

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>
D	MICHAEL FISCHER	100 LINCOLN ROAD, #1620	<input type="checkbox"/> Add
		MIAMI BEACH, FL. 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	ANA SANTOS	100 LINCOLN ROAD, #1620	<input type="checkbox"/> Add
		MIAMI BEACH, FL. 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

(b) The 90th day after the record is filed.

Dated 01 / 22 / 19.

Rafael Lopez

Signature of a member or authorized representative of a member

Rafael Lopez

Typed or printed name of signee