

103 000013682

(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:

pages 2-3 missing

Office Use Only



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03/02/20--01023--002 \$75.00

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NOV 05 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020

October 19, 2020

NANCY LAMONTE
695 CENTRAL AVE
UNIT 252
ST PETERSBURG, FL 33701

SUBJECT: RAYBURN PROPERTIES, LLC
Ref. Number: L03000013682

We have received your document for RAYBURN PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGES 2 AND 3 ARE MISSING FROM DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L. Simmons
~~Regulatory Specialist~~ II Supervisor

Letter Number: 120A00020672

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rayburn Properties, 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:

Nancy LaMonte
Name of Person

Rayburn Properties
Firm/Company

695 Central Ave. Unit 252
Address

St. Petersburg Fl. 33701
City/State and Zip Code

nlaMonte3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

* Nancy LaMonte at (727) 490 2000 ext. 7030
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee *previously paid*
- \$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 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**

Rayburn Properties, LLC
(Name of the Limited Liability Company as it now appears on our records.) - 11:26
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-16-03 and assigned Florida document number L03000013682

This amendment is submitted to amend the following:

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

N/A
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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N. Carol LaMonte

New Registered Office Address: X 695 Central Ave. Unit 252
Enter Florida street address

St. Petersburg Florida 33701
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.

N. Carol LaMonte
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

No CHANGE

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<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.)

Page 1 has a name and number change from previous Cover letter

Changed address for New Registered agent from previous ~~Articles~~ Articles Amendment

FILED
-5
OCT 28 2020
11:26

E. Effective date, if other than the date of filing: _____ (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 October 28 . 2020 .

N. Carol LaMonte

Signature of a member or authorized representative of a member

N. Carol LaMonte

Typed or printed name of signee