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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LAW OFFICE OF ALEXIS GONZALEZ.

Account Number : I20140000097

Phone : (305)223-9999

Fax Number

: (305)223-1880

\*\*Enter the email address for this business entity to be used for future co annual report mailings. Enter only one email address please.

Email Address: altx11 & aglawpa com

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## **COVER LETTER**

TO: Registration Section Division of Corporations

FRAY, LLC

SUBJECT:

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:

	JENNIFER A. COYA, ES	Q. / ALEXIS GONZALEZ,	ESQ.	
		Name of Person		-1/6 =
	LAW OFFICE OF ALEX	IS GONZALEZ, P.A.		
•		Firm/Company		芸門
	3162 COMMODORE PL	AZA, SUITE 3E		SSE
		Address		100
	COCONUT GROVE, FLO	ORIDA 33133		SIS SIS
		City/State and Zip Code		岩田
	JCOYA@AGLAWPA.COI	M/ALEXIS@AGLAWPA.	сом	χ <del>ν</del>
	E-mail address: (	to be used for future annual rep	ort notification)	
or further information o	concerning this matter, please c	all;		
ENNIFER A, COYA /.	ALEXIS GONZALE <b>Z</b>	305 223-9	999	
Name o	rf Person	Area Code	Daytime Telephone Number	
inclosed is a check for t	he following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status		(additional copy is enclosed) Certif		of Status &

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

PRAY, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	in ps if now appears on our recording in the control of the company)	<u>.</u>	
The Articles of Organization for this Limited Liability Company Florida document number L14000183065	were filed on November 26, 20	014 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here;		
		र्देश त	
The new name must be distinguishable and contain the words "Limited Liability	ly Company," the designation "LLC	O" or the abbreviation,"L.L.C."	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS)		15/25 - L	
		mo	
		ELLO STA	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		9	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
Hew Itemstered Office Addition.	Enter Florida street address		
	, Fl	orida	
	City	Zip Code	
New Ragistered Agant's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pu- being filed to merely reflect a change in the registered office of	performance of my duties, as rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MGR	RAMON D. ALMANAZAR	c/o TEAM OTERO	
		550 BILTMORE WAY,PH 2-A&B	■ Remove
		CORAL GABLES, FL 33134	□ Change
MOR	FARY ALMANAZAR	c/o TEAM OTERO	
		550 BILTMORE WAY,PH 2-A&B	■ Remove
		CORAL GABLES, FL 33134	元 る。 ず
MGR	RAMON D. ALMANZAR	c/o TEAM OTERO	LAILESS
····		550 BILTMORE WAY,PH 2-A&B	SSE TRAINION S
		CORAL GABLES, FL 33134	LOTT O
MGR	FARY ALMANZAR	c/o TEAM OTERO	Add
		550 BILTMORE WAY,PH 2-A&B	□ Remove
		CORAL GABLES, FL 33134	☐ Change
			□ Remove
			☐ Change
			□ Add
			П Кеточе
			□ Change

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Effective date	, if other than a	he date of fill	ing:	to date of filing or a	Og	otional) for filing.) Pursuant to 605,02
<u>Note:</u> If the di	te inserted in this	block does no	it meet the applic	able statutory filir	g requirements, (	this date will not be listed
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			Ramon D. Al	<b>****</b>		
			Ramon II AI	manzar		

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Filing Fee: \$25.00