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Office Use Only



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AUG 21 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration S Division of Co.			
RAYJENN SUBJECT:	I, LLC	,	
SOBJECT.	Name of Lin	nited Liability Company	
The analogue Assistance	Amendment and fee(s) are sub	united the Cline	
Please return all correspondence	ondence concerning this matter	to the following:	
		BRIAN J. DOWNEY	
		Name of Person	
		BRIAN J. DOWNEY, P.A.	
		Firm/Company	
	14	1090 Metropolis Ave., #205	
		Address	
		Ft. Myers, FL 33912	
		City/State and Zip Code	_
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all;	
Brian J. Downey		239 321-6690 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	27	The Centre of T	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	be Street, Suite 810 2 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAYJEN	N, LLC	7070
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £20000178074	were filed on June 25, 2020	and assigned:
This amendment is submitted to amend the following:		16
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	zip Coae

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 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>	Address	Type of Action
MGR	CARMEN MELLA	9057 SW 211 Lane	≡ Add
		Cutler Bay, FL 33189	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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		· •·••					
(If an effective Note: If the	late, if other than e date is listed, the date the date inserted in the s effective date on the	e must be specific is block does no	and cannot be prior of meet the applic	able statutory filir	nore than 90 days af		
the record specord is filed.	ecifies a delayed eff	ective date, but	not an effective ti	ime, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
Dated	John	3	2020	·			
	0						
		Signature o	f a member or auth	orized representativ	of a member		_
		Δ.	\wedge	ed name of signee			