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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	helsea Raye LLC	
J	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Cheliea Bagley	
	Name of Person	
	Firm/Company	
	1455 N Treasure Dr Apt 50	
	North Day Village, FL, 33141	
	City/State and Zip Code CDQ 18487 6 9 MQ 11. COW E-mail address: (to be used for future annual report notification)	
For further information of	oncerning this matter, please call:	
$\bigcap_{i=1}^{n}$	Mo	
('Ne 19 ea	1 100/iy at 155 778-9635 Area Code Daytime Telephone Number	
Name of	f Person Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:	
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status	

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

('helsea Ray	e LLC
	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21003100 (10</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	
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	W
Enter new mailing address, if applicable:	. 5
(Mailing address MAY BE A POST OFFICE BOX)	
, <u>,</u>	
	5.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
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 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
AMBR	Chelsea Bagley	1455 N Treasure Dr #50	dd
	· · · · · · · · · · · · · · · · · · ·	North Bay Village, FL	□Remove
		33141	SChange
MGR	Chelsea Bagley	1455 N Treasure Dr #5B	□Add
	J	North Bay Village, FL	Kemove
		33141	□Change
			□Add
			Remove
			□Change
		5. 5. 5. 3*	□Change □ □ □ □ □ □ Add
		3r'	□Remove
			Change
			□Add
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			□Change
			□Add
			□Remove
			□ Change

amending any other information, enter change(s) here: (A)			
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		(optional)	
ffective date, if other than the date of filing:	te of filing or more than 90	days after filing.)	Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	statutory filing requiren	ients, inis date v	in not be usted
record specifies a delayed effective date, but not an effective time, it is filed.	at 12:01 a.m. on the ear	lier of: (b) The	90th day after th
-1:1000			
ated $\frac{11413031}{2000}$			
Chelsen Moolin	i.		
Signature of a member or authorize	representative of a memb	er	
A signature of a member of a member of	1 - 1		