K22000018984

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2022 AUG 25 AM IO: 09

COVER LETTER

Division of C	Corporations :	
SUBJECT: Rayne M	fakers, LLC	
	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
	spondence concerning this matter to the following:	
	Ericka Bobalek	
	Name of Person	-
	Rayne Makers, LLC	
	Firm'Company	-
	1750 Morning Sky Dr	
	Address	-
	Winter Garden, FL 34787	20
	City/State and Zip Code ericka@raynemakers.us	2022 AUG 25 SECRETAR' TALLAHA
	E-mail address: (to be used for future annual report notification)	G 25
For further information	n concerning this matter, please call:	چې دی. م
Ericka Bobalek	989 423-3862 	AH IO: 09
Name	e of Person Area Code Daytime Telephone Number	- AE 09
Enclosed is a check for	r the following amount:	
# 575 OF Hing Fee	(additional copy is enclosed) Certified	te 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

Rayne Makers, LLC		
(<u>Name of the Limited Liability</u> (A Flonda I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.22000018984	mpany were filed on 01/10/2022	and assigned
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	ed Liability Company," the designation "LLC" or	r the abbreviation "BL.C."
Enter new principal offices address, if applicable:		AR & T
(Principal office address MUST BE A STREET ADDRE	<u> </u>	20 N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5 ANIO: 09 RY OF STATE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r.mer r torica street address	
	, Floric	
	Cinv	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 ine 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	Ericka Bobalek	30\(\sigma 5\) Daniels Rd #1135	■Add
		Winter Garden, FL 34787	Remove
			Change
			□Remove
			□Change
			□Add
			Remove
			ECREPARY OF STATE
			S C Remove 10
	 		
			Remove
			☐ Change
			DAdd
		-	□Remove
			□Change

Typed or printed name of signee