

L23000370461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

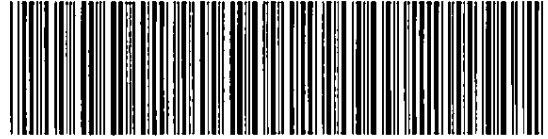
(Business Entity Name)

(Document Number)

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2023 AUG 28 PM 12: 29

A. PARISHANI

SEP 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAGAN SYSTEMS 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:

TAYLOR RAGAN
Name of Person

RAGAN SYSTEMS LLC
Firm/Company

3903 NORTHDALÉ BOULEVARD, SUITE 100E
Address

TAMPA, FLORIDA 33624
City/State and Zip Code

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

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For further information concerning this matter, please call:

TAYLOR RAGAN at (813) 300-1512
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

2023 AUG 28 PM 12:29

RAGAN SYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AUGUST 7, 2023 and assigned Florida document number L23000370461.

This amendment is submitted to amend the following:

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

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)

3903 NORTHDAL E BOULEVARD

SUITE 100E

TAMPA, FLORIDA 33624

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3903 NORTHDAL E BOULEVARD

SUITE 100E

TAMPA, FLORIDA 33624

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: _____

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR, P	TAYLOR RAGAN	3903 NORTHDALÉ BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 100E	<input type="checkbox"/> Remove
		TAMPA, FLORIDA 33624	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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