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	(Address)	
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· ·	(Document Number)	
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	RAF, LLC	
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COVER LETTER

	Division of Cor			
SUBJEC	CRAF, LLO	С		
JUDGEC	••	Name of Lin	nited Liability Company	
•				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Ross H. Manella, Esq.		
			Name of Person	
		Hinshaw & Culbertson LL	.P	
			Firm/Company	
		One East Broward Blvd., S	Suite 1010	
			Address	
		Fort Lauderdale, FL 33301	l	
			City/State and Zip Code	
		rmanella@hinshawlaw.com	to be used for future annual report no	Nification)
For further	er information c	oncerning this matter, please c	•	
Ross H. N			954 375-1138	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	is a check for the	ne following amount:		
□ \$25.0	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 Addres		Street Address:	
	Registration S Division of C		Registration S Division of Co	
	P.O. Box 632	-	The Centre of	-

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zip Code

CRAF, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compar	pears on our records.) (y)
The Articles of Organization for this Limited I	Liability Company were filed on	12/10/2003 and assigned
Florida document number L03000051577	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>/ here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addresses		ir records, enter the name of the new register
Name of New Registered Agent:	Claudia S. Fisher	
New Registered Office Address:	7730 Villa D'Este Way	
	Enter	Florida street address
	Delray Beach	Florida 33446

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.

City

Clauded John
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>	Address	Type of Action
М	Claudia S. Fisher	7730 Villa D'Este Way	
		Delray Beach, FL 33446	□Remove
			Change
M	Ashley S. Fisher	7730 Villa D'Este Way	= Add
		Delray Beach, FL 33446	П е тюче
			Change
D	Ronald M. Fisher	7730 Villa D'Este Way	
		Delray Beach, FL 33446	
			□Change
			□ Add
			□Remove
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	ved effective date, but r	not an effective time	, at 12:01 a.m. on the	e earlier of: (b) Ti	æ 90th day after the
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is filed.		2021			
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is filed. June 23	die Jal	_1	ed representative of a r	nember	