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## **COVER LETTER**

TO: Registration Division of C	Section Corporations	·	
<sub>SUBJECT:</sub> RaeJ	o, LLC	,	
SUBJECT:		nited Liability Company)	<del>,,,,</del>
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	Roy C. Blake III, D	DDS. MSD	
	<u>,,,,</u>	(Name of Person)	
	RaeJo, LLC		
		(Firm/Company)	<del>· · · · · · · · · · · ·</del>
	4410 Munson Cou	ırt #108	
		(Address)	
	Palm Beach Gard	·	
	((	City/State and Zip Code)	
For further informatio	n concerning this matter, please of	call:	
Ita Commins		at ( 561 ) 267-4346	
(Nan	ne of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for t	he following amount:		
<b>☑</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RaeJo, LLC		
	(Present Name) (A Florida Limited Liability Company)	07 OCT 25	DIAION
FIRST:	The Articles of Organization were filed on document number L07000082309 August 9, 2007 and assigned	5 AHIO: 144	•
SECOND:	This amendment is submitted to amend the following:	<u></u>	
	1. Remove Ita P Commins as Registered Agent & Replace with Roy C. Blake III, DDS, MSD		
	2. Remove Ita P Commins as Manager/Member and replace with Roy C. Blake III, DDS, MSD		
	3. Remove Rae B Jo B RCB		
	4. Change mailing address from 3172 N. Jog Road, Suite 8106, West Palm Beach to		
	4410 Munson Court #108, Palm Beach Gardens, FL 33410		
	5. I Ray C. Blake III, acknowledge & accept the hispora	edul	4
	O) legislored Agens MD		•
Dated <b>Sep</b>	otember 27 , 2007 .  Ray C. Dicke 4 ans M.		
	Signature of a member or authorized representative of a member  Ita Commins  Roy C. Blake III, DDS, MSD	<i>(4)</i>	

Filing Fee: \$25.00

Typed or printed name of signee