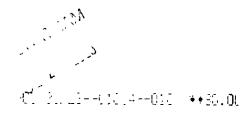
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Cor			
JEFFREY I SUBJECT:	RAY, LLC		
SUBJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEFFREY RAY		
	The state of the s	Name of Person	## 19
	JEFFREY RAY, LLC		
		Firm/Company	
	11505 OLD OCEAN BLV	D.	
		Address	-
	OCEAN RIDGE, FL 3343	5	
		City/State and Zip Code	
	jeffrey@jeffreyray.com	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	·	ileanon)
JEFFREY RAY		561 523-0555	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		S55.00 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 Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEFFREY RAY, LLC	Tabilla Camaa	was it now spaces on our s	enande \		
(Name of the Limited	Florida Limited Li	y as it now appears on our i lability Company)	ecoras.		
the Articles of Organization for this Limited Liab	bility Company	were filed on 09/20/2007		and ass	igned
lorida document number L07000096177	·				
his amendment is submitted to amend the follow	ving:				
. If amending name, enter the new name of t	he limited liabi	lity company here:			
ne new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the designation	"LLC" or the abb	reviation "L.	L.C."
nter new principal offices address, if applicat	ole:	11505 OLD OCEAN BL	VD.		
rincipal office address MUST BE A STREET		OCEAN RIDGE, FL 334	35	,	262
		-			
				Y 30	
nter new mailing address, if applicable:		11505 OLD OCEAN BL	VD.		₹£: ᢏ
Aailing address MAY BE A POST OFFICE Bo	ox)	OCEAN RIDGE, FL 334	35	<u> </u>	
THE PARTY OF THE P	<u> </u>			27	الوساء
				<u> </u>	
. If amending the registered agent and/or reg gent and/or the new registered office address		ddress on our records, g	enter the name	of the nev	v registe
Name of New Registered Agent:					
New Registered Office Address:	11505 OLD OC	EAN BLVD.			
		Enter Florida street	address		
	OCEAN RIDGE	<u> </u>	_, Florida ^{334.}	35	
		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>	Address	Type of Action
MGR	JEFFREY RAY	11505 OLD OCEAN BLVD.	
		OCEAN RIDGE, FL 33435	□Remove
			Change
			Change
			☐ Change
			Remove
			Change
			DAdd
			□Remove
			□Add
			□Remove
			Change
			□Remove
			□ Change

Effective date, if other than the date of filing:(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	ective date, if other than the date of filing: Coptional				
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Filing Fee: \$25.00