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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAY GROUP INTERNATIONAL, LLC

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EXAMINER

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## **COVER LETTER**

TO:	Registration Sect Division of Corpo	ilon Oratious				
SUBJE	CT:	Ray Group I	nternational, LLC	·		
		Name of Limite	d Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Piease :	eturn all correspon	dence concerning this matter t	to the following:			
		Paula	L. Robinson, Paralegal			
			Name of Person			
			Bryan Cave LLP			
			Firm/Compuny		Fig. B	
		211 N	l. Broadway, Suite 3600		ALT HOA	*****
			Address			444 444
			St. Louis, MO 63102		-6 -6	
			City/State and Zip Code			Samman L'
		paula.ru	obinson@bryancave.com	(חֹוֹ	AN 8 26 OF STATE E. FLORIN	كريو والأ
For fur	ther information co	ncerning this matter, please ca	•		開る。	
	Paula L. Ro	binson, Paralegal	at / 314 ) 259	3-2663		
	Name of		at ( 314 ) 259 Area Code & Daytime Tel	ephone Number	<u>.</u>	
Enclose	ed is a check for the	following amount:		•		
	.00 Filing Pee	\$30.00 Filing Fee &	\$55.00 Filing For &	\$60.00 Filing Fe	4	
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional cop	tatus &	
		•		•		
		NG ADDRESS:	STREET/COURIER Registration Section	ADDRESS:		

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

Ray (Name of the Limited	Group International, LLC Liability Company as if now appears of Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Li  Plorida document number L08000064	ability Company were filed on	July 2, 2008	and assign	ned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
	terhouseCoopers Services LLC			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company,	" the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applica	uble:	•		F-7
(Principal office address MUST BE A STREE			J 70 20 7 1	3
			る区	1 141-1414 1 151-1414
			質ら	70m
Enter new mailing address, if applicable:			19	
(Mailing address MAY BE A POST OFFICE	BOX)		97	<u> </u>
•			更割	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered of		records, <u>enter t</u>	he name of t	the new
Name of New Registered Agent:			. <del></del>	
New Registered Office Address:	1200 South Pine Island Road	Florida street add	Nore	<del></del>
	•			
	Plantation City	, Florida	33324 Zip Code	<del>_</del> _
Now Registered Avent's Signature, if changing I	•		zip cous	
I hereby accept the appointment as registered the provisions of all statutes relative to the placept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this company	roper and complete performance of stered agent as provided for in Chap registered office address, I hereby co	my duties, and I c eter 608, F.S. Or,	m familiar w if this docume	ith and

Page 1 of 2

acceptance attached

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action <u>Address</u> Title Name Ellenore O'Hanrahan MGR 300 Madison Avenue ☑ Add Remove New York, NY 10017 <u>MGR</u> Sam Starr 1301 K. Street N.W. ✓ Add Remove Suite 800W Washington, DC 20005 ☐ Add Remove Add Remove ∐Add` Remove 🛬 SE ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) November 1 2012 Dated Signature of a member or authorized representative of a member ELLENORE O'HANRAH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	nternational, LLC alternate to be used in the state of Florida is:	
may minoral may		
The name and t	ne Florida street address of the registered agent and of	fice are:
	C T Corporation System	74. SE 74.
. —	(Name)	ZAIZ NOY SECRETA
	1200 South Pine Island Road	<i>in</i> ± ± 1
	Florida Street Address (P.O. Box NOT ACCEPTABLE	
	Plantation FY 33324	
	City/State/Zip	EK S

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

14.057 - 05/06/3609 C T System Online

C T Corporation System

(Signature) \
Katherine Lackey, Asst. Secy.