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COVER LETTER

TOM Registration Section
Division of Corporations

SUBJECT. RAA

RAAL Group, 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:

Audrey Gibson

Name of Person

RAAL Group, LLC

Firm/Company

1038-5 Dunn Ave #46

Address

Jacksonville, Fl 32218

City/State and Zip Code

raalgrouplic@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Gibson

{.,/}904\632-2424

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAAL Group, LLC		
(Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)	
(A Flone	a Elimed Elability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/30/2008	and assigned
Florida document number L08000117800		-
Florida document number	,	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	Section 1
		1 7S
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation
"L.L.C."	, , , , ,	6 ET
Enter new principal offices address, if applicable:		SSE SSE 29
(Principal office address MUST BE A STREET AD.	DRESS)	72
Trincipal office address Med T DE /ISTNEET NE	<u> </u>	2: 072
		3 86
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		er the name of the new
registered agent and/or the new registered office a	uuress nere.	
N CN P 1 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	I
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	Auchen Sak
	Signature of a member or authorized representative of a member Audrey Gibson
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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