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		,	
	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)	 	
PICK-UF	P WAIT	MAIL MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
SUBJI		Ronray	Ventures LLC	
			ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			Groot, Raymundo O	
			Name of Person	
			onray Ventures LLC	
			Firm/Company	
		6278 1	I. Federal Hwy. Suite 630	
			Address	
Ft Lauderdale, FL 33308				
			City/State and Zip Code	
		F-mail address: (1	orlando56@aol.com be used for future annual report notifi	ication)
r c	4l :- C			canon)
ror tur	ther information co	oncerning this matter, please ca	III:	
	Groot,	Raymundo O	at (954)	294 6558
	Name of	Person	Area Code & Daytim	e Telephone Number
Enclos	ed is a check for the	e following amount:		
\$25	5.00 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)
		NG ADDRESS:	STREET/COURI	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ronray	Ventures LLC			_
(<u>Na</u>	me of the Limited Liability C (A Florida Lim	ompany as it now appea nited Liability Company)	ars on our records.)		
The Articles of Organization:	for this Limited Liability Con	npany were filed on	06/01/2010	and	d assigned
Florida document number	L10000059214				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited	d liability company he	ere:		
The new name must be distingu "L.L.C."	ishable and end with the words	"Limited Liability Comp	pany," the designation "L	.LC" or	the abbreviation
Enter new principal offices	address, if applicable:				
(Principal office address MU	, •••	·			
1777707					
Enter new mailing address,	if applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)				
B. If amending the regist registered agent and/or the	ered agent and/or register		our records, enter t	he nan	ne of the new
			j S	ESE :	. <u>.</u>
Name of New Regis	stered Agent:		, in the second	影響	
	-		į.		C Property
New Registered Off	ice Audress:	E	nter Florida street add	r 6 ş ş	2 171
			. Florida	11.	ين 🗇
		City		Zip	<i>Pode</i>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Koopman, Marlou	Torenlaan 70A Blaricum NL 1261 G-G NL	
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
	Oktober 27	2010	
Dated			
	Signature of a men	nber or authorized representative of a member	
	Τν	Groot, Raymundo ped or printed name of signee	
	1.7	han or hannes menne or mones	

Page 2 of 2

Filing Fee: \$25.00