# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# RECEIVED 2 MAY 17 MIZ: 39 ECRETARY OF STAFE IT A HASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINK PANTHERAZ LLC

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FAIT AHASSEE, FLORID

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Corporate Filing Menu

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B. BOSTICK

MAY 1 8 2012

**EXAMINER** 

5/17/2012

https://efile.sunbiz.org/scripts/efileovr.exe

### **COVER LETTER**

	ration Section n of Corporations
SUBJECT: P	ink Pantheraz LLC
	(Name of Limited Liability Company)
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	Barbara Dang
	(Name of Person)
	Legalzoom.com, Inc.
	(Firm/Company)
	100 W. Broadway Suite 100
	(Address)
	Glendale, CA 91210
	Glendale, CA 91210 (City/State and Zip Code)
For further info	mation concerning this matter, please call:
Barbara Da	ng at (323 ) 962-8600 555 - 1
	(Name of Person) at (323 ) 962-8600 CS (Area Code & Daytime Telephone Number) RAM
Enclosed is a ch	eck for the following amount:
\$25.00 Filin	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

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SEURLIARIY OF STATEA

Pink Pantheraz LLC

(Name of the Limited Liability Company as it now appears ол our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L. Florida document number <u>L12000016991</u>	iability Company were filed o	on <u>02/06/2012</u>	and assigned			
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of the limited liability company here:						
RayJess LLC	<u>.</u>					
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."						
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:						
Name of New Registered Agent:	Jessy Abouarab					
			-			
New Registered Office Address:	4849 NW 108 Path					
	(Enter Florida street address)					
	Miami	, Florida <u>33</u>	178			
	(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.

Jessy Abouarab
ging Régistered 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:

MGR = Mar MGRM = M	nager fanaging Member		
<u>Title</u>	Name	Address	Type of Action
_MGRM	VELAZQUEZ, MARIA D	4849 NW 108 PATH MIAMI FL 33178 US	Add 7 Remove
<u>MGRM</u>	MOODIE, PAULINA	4849 NW 108 PATH MIAMI FL 33178 US	Add  Remove
MGRM.	ABOUARAB, RAYMOND	4849 NW 108 PATH MIAMLEL 33178 US	Add Remove
	<u></u>		Add Remove
			Add Remove
	<del> </del>		Add Remove
D. If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if neces.	sary.)
Dated		-Are	FILED  12 MAY 17 AH 7: 49  SHURH (ARRY OF STATE LORIDA
	Signature of a mem	ber or authorized representative of a member	·
	Jessy Abouarab	ed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00