112000/5/365

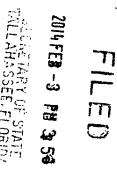
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
FEB - 5 X014
A. LUNT

Office Use Only



600256246556

02/03/14--01021--004 **30.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rame 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:
Rene Alvarado Name of Person
RAYRE, LLC Firm/Company
7029 Ambrosia Ln #601
NAPLES FL 34119 City/State and Zip Code renealna @ aol. wm E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
René Alvarado at 239 404-3778 S. Area Code Daytime Telephone Number 55
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

RAYRE,	LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L120001513</u> 65	vere filed on 12-4-2012 and assigned assigned and assigned and assigned and assigned assigned and assigned and assigned assigne
This amendment is submitted to amend the following:	LARE TO L
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3
(Principal office address MUST BE A STREET ADDRESS)	Same
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
New Registered Office Address: 7029	A W b 80 S ta LN 4601 Enter Florida street address
Nalle	S, Florida 34//9 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the

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

Page 1 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	<u> </u>	
	_	
	<u> </u>	
E. Effective date, if other than the date of filing:		
Dated $1-27-14$, 2014 .		
Signature of a member or authorized representative of a member	2014 F	-T)
Rene Alvarado Typed or printed name of signee	FEB -3	F
Spen of Printed Amile of Organic	TE. F	
	3 58 STALE LORIDIS	-

Page 3 of 3

Filing Fee: \$25.00