U130000 84891

Office Use Only



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05/11/15--01039--009 **25.00



COVER LETTER

TO:	Registration Se Division of Cor				
CLID		TERPRISES LLC			
SUB	JECT:	Name of Lim	ited Liability Company		
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Pleas	e return all correspo	ndence concerning this matter	to the following:		
		DAMON RAY			
			Name of Person		
		D RAY ENTERPRISES L	LC		
			Firm/Company		
836 SW MCCOMB AVENUE					
			Address		
		PORT SAINT LUCIE, FL	34953		
			City/State and Zip Code		
		damon_ray11@yahoo.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For fi	arther information c	oncerning this matter, please ca	all:		
DAM	ION RAY		484 560-3522 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclo	osed is a check for th	ne following amount:			
S	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)	

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

D RAY ENTERPRISES LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liabi orida document number L13000084891	lity Company were filed on 6/12/2013	and assigned
nis amendment is submitted to amend the followi	ng:	
. If amending name, enter the new name of th	e limited liability company here:	
ne new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
nter new mailing address, if applicable:		
<u> Aailing address MAY BE A POST OFFICE BO</u>	<u></u>	
. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, <u>ent</u> e <u>address here</u> :	15
Name of New Registered Agent:		
New Registered Office Address:		00 Pg - 72
	Enter Florida street address	三年 春
_	, Florida	1700 77
	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 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GARY A RAY	226 NW ZANZIBAR, PORT SAIN	Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
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fective date, if other th	han the date of filing:		(opti	onal)
in effective date is listed, the	date must be specific and canno	t be prior to date of filing	or more than 90 days after	filing.) Pursuant to 605
	n this block does not meet the on the Department of State's		filing requirements, this	٠ رء - سيو
	•			
record enecifies a d	delayed effective date,	but not an offect	ive time at 12:01 :	a m on the sprii
The 90th day after t		but not an enect	ive time, at 12.01 a	
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MAY 1	201	15		
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11/2	NUT HOTT			10
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00