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COVER LETTER

TO:	Registration Se Division of Cor			
CI ID I	RICKRAC	EYLLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Angela Ritchey		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		RICKRACEYLLC		
			Firm/Company	
		P.O. Box 540	637	
			Address	
		Merritt Island, FL 32952		
			City/State and Zip Code	
		admin@5axis-ene.com		
		E-mail address; (to be used for future annual report no	tification)
For fu	rther information co	oncerning this matter, please co	all:	
Steph	en Darrow		321 863-1001	
	Name o	f Person		me Tel eph one Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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



2018 11 1 1 2 FM 12: 14

RICKRACEY LLC	Litz	The state of
	inpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp.	any were filed on 9/27/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	d office address on our records	s, enter the name of th
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
		orida
	Ciņ	Zıp 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, enter the title, name, and address of each person being addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Angela Ritchey	695 S Plumosa St	B Add
		Merritt Island, FL 32952	□ Remove
			☐ Change
			Cl A44
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			
			Remove
		Change	
		Add	
		☐ Remove	
		☐ Change	
		*	Add
			Remove
			Change

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(If an effer Note: I	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated _	august 6 2019
5000	
	Signature of a member or authorized representative of a member
	Stephen A Darrow

Page 3 of 3

Filing Fee: \$25.00