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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raisal, LLC

Name 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:

Joshua Young	
Name of Person	
Firm/Company	
9627 S. Dixie Hwy	
Address	
Miami, FL	
City/State and Zip Code	1 (1)
ievoung828@gmail.com	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Young

_____ at (_____

5 、505-5079

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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

Raisal, LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records, Ciability Company))
The Articles of Organization for this Limited Liability Company Florida document number L14000027806	were filed on 2/18/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SidesRight, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation-L.L.C."
Enter new principal offices address, if applicable:	9627 S. Dixie Hwy	
Principal office address MUST BE A STREET ADDRESS)	Suite 100-A	33 3 4
	Miami, FL 33156	
		Conjunt Conjunt
Enter new mailing address, if applicable:	9627 S. Dixie Hwy	ျှို့ မှာ
Mailing address MAY BE A POST OFFICE BOX)	Suite 100-A	200
	Miami, FL 33156	***************************************
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		enter the name of the r
	, Flor	ida
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
			Add
			□ Remove
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			□ Add
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			□ Remove
			□ Add
			□ Remove

•	change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of fili (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departn	date of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department Dated October 10	date of receipt or filed date and cannot be more than 90 days after ment of State)

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Filing Fee: \$25.00