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COVER LETTER

TO:	Registration S Division of Co					
C110 1177	Rally & A	associates, LLC				
SUBJEC	-I	Name of Lin	nited Liability Company			
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		Ranizan Ally				
			Name of Person			
Rally & Associates, LLC						
			Firm/Company			
2328 10th Ave. N Ste 501-C						
			Address			
Lake Worth, FL 33461						
		City/State and Zip Code ramzan@rallyassociates.com				
		E-mail address: (to be used for future annual report notification)				
For furth	er information	concerning this matter, please of	all:			
Ramzan	Ally		561 574-0505			
	Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for t	the following amount:				
□ \$25.6	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

Rally & Associates, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/29/2015}{2}$ and assigned Florida document number <u>L.15000075903</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A	N/A	
			□ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change
			□ Remove
			☐ Change

•	N/A .					
Note	etive date, if other than the date of filing: (optional) (dietive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (continued in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.					
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.					
Date	October 25 . 2018 .					
	AND THE RESIDENCE OF THE PARTY					
	Signature of a member or authorized representative of a member					

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Typed or printed name of signee

Filing Fee: \$25.00