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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Sec Division of Corp | | | | |
|-------------|---|--|---|------------------|---------------|
| CUD SECT | Ray'D Bund | h LLC | | | |
| SUBJECT | l; <u>,, </u> | Name of Lim | ited Liability Company | | |
| The enclose | sed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please retu | um all correspor | ndence concerning this matter | to the following: | | |
| | | Horace Gosha | | | |
| | | -, , . , , | Name of Person | | |
| | | | Firm/Company | | |
| | | 1002 NW 85th Street | | | 型 6 |
| | | | Address | | 新 岩田 |
| | | Miami, FL 33150 | | | 斯27 加27 |
| | | horacemgosha@gmail.com | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report notific | ation) | 第2 4 |
| For furthe | r information co | oncerning this matter, please c | all: | | Ser or |
| Horace G | iosha | | 786 624-0915 at () | | |
| | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclosed | is a check for th | e following amount: | | | |
| \$25.00 | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & |

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

| Ray'D Bunch LLC | | |
|---|--|--|
| (Name of the Limit | ted Liability Company as it now an (A Florida Limited Liability Compa | pears on our records.) |
| he Articles of Organization for this Limited L. lorida document number L15000177471 | iability Company were filed or | October 19, 2015 and assigned |
| nis amendment is submitted to amend the foll | owing: | |
| . If amending name, enter the new name o | f the limited liability compan | y here: |
| ay D Bunch Academy LLC | | |
| ne new name must be distinguishable and contain the v | words "Limited Liability Company," | the designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applic | na hla: | |
| Principal office address MUST BE A STREI | | 78 6 |
| Tincipui office daaress MUST BE A STREE | ADDRESSI | F3 |
| | | |
| | | の数 27 L F |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
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| | | £11 01 |
| . If amending the registered agent and egistered agent and/or the new registered o | <u> </u> | s on our records, enter the name of the |
| gistered agent and/or the new registered o | ince address here: | |
| Name of New Registered Agent: | Horace Gosha | |
| New Registered Office Address: | 1002 NW 85th Street | |
| New Registered Office Address. | Enter | Florida street address |
| | Miami | , Florida ³³¹⁵⁰ |
| | 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, enter the title, name, and address of each person being address. or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Remove Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

| f amending any other information, enter change(s) here: (Attach additional shee | ets, if necessary.) | |
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Filing Fee: \$25.00