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16 MAR 18 PM 1:55

MAR 21 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RayPros Design, 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:

Henry Grijalba

Name of Person

RayPros Design, LLC

Firm/Company

14600 NW 42nd Ave. Suite 103

Address

Opa locka, FL 33054

City/State and Zip Code

grijalba@mac.com

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

For further information concerning this matter, please call:

Andres Hurtado

Name of Person

at (

305 4238932

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

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TALLAHASSEE, FL 32301
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RAYPROS DESIGN, 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 02/02/2016 and assigned
Florida document number L16000023136.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14600 NW 42nd Ave. Suite 103

(Principal office address MUST BE A STREET ADDRESS)

Opa locka, FL 33054

Enter new mailing address, if applicable:

14600 NW 42nd Ave. Suite 103

(Mailing address MAY BE A POST OFFICE BOX)

Opa locka, FL 33054

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Grijalba, Henry	14600 NW 42nd Ave. Suite 103	<input checked="" type="checkbox"/> Add
		Opa locka, FL 33054	<input type="checkbox"/> Remove
MGR	RICARDO, OLIVERAS	1332 CANARY ISLAND DR.	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
MGR	Oliveros, Ricardo	14600 NW 42nd Ave. Suite 103	<input checked="" type="checkbox"/> Add
		Opa locka, FL 33054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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 date this document is filed by the Florida Department of State)

Dated MARCH 4TH 2016


Signature of a member or authorized representative of a member

RAYSA PROSPERI

Typed or printed name of signee

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