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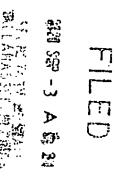
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COVER LETTER

Division of Cor	porations			
RayPros Do	esign, LLC	_		
SUBJECT:			···-	. <u>. </u>
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Raysa M. Prosperi			
		Name of Person		· · · · · · · · · · · · · · · · · · ·
	RayPros Design, LLC			
		Firm/Company		<u> </u>
	5055 Collins Ave. Apt 2G			
		Address		
	Miami Beach, FL 33140			
	r.prosperi@rayprosdesign.c	City/State and Zip Cocom	le	
	E-mail address: (to be used for future annu	ial report notif	ication)
For further information co	oncerning this matter, please c	all:		
Raysa Prosperi		954	6816238	
	0 D	at () _		Telephone Number
Name o	f Person	Area Code	Daytime	Telephone Number
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fe Certified Copy (additional copy is		 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street	Address:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RayPros Design, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Clorida document number 1.16000023136	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	5055 Collins Ave. Apt. 2G	
The that office dualess wost be A STREET ADDRESS	Miami Beach, FL 33140	> E
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	5055 Collins Ave. Apt 2G	
	Miami Beach, FL 33140	T P
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S.N
		lorida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Maria C. Prosperi	5055 Collins Ave. Apt. 2G Miami Beach, FL 33140	= Add
		· Market Market Control of the Contr	□Remove
			□Change
			🗆 Add
			Remove
			□Change
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ative date if other than the	date of filing:		(antional)	
ctive date, if other than the effective date is listed, the date must				
e: If the date inserted in this blo		e statutory filing requiren	nents, this date will not be list	ed a
iment's effective date on the De	partition of state's records.			
ord specifies a delayed effective filed.	date, but not an effective time	, at 12:01 a.m. on the ear	her of: (b) The 90th day afte	r th
Tilled.				
August 26th	2020			
ed	,	•		
	O_{i}			
	Signature oka member or authorize	at allow what is a first about		
	Signature oka mem ogr-or-au tnoriza	co representative of a mem.	NC3	