L16000094460

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DEC 1 5 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
RAS LaVra			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Flynn LaVrar		
		Name of Person	
	RAS LaVrar, LLC		
		Firm/Company	
	1133 S University Dr. 2nd	Floor	
		Address	
	Plantation, FL 33324		
		City/State and Zip Code	
	flavrar@raslavrar.com	to be used for future annual report noti	itication)
For further information of	concerning this matter, please of		
Flynn LaVrar		954 735-4455	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of T	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

55

RAS LaVrar, LLC		- 3 - 3 - 3
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liability Florida document number L16000094460		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	- ·
	, Florid	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Krystal Allen Nethken	525 N Tryon Street	≡ Add
		Suite 1600	□Remove
		Charlotte, NC 28202	Elen
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change

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Effective date, if other than the	e date of filing:		(optional)	
If an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be price	or to date of filing or more	than 90 days after filing.) Pursuar	nt to 605.0207 : The listed as t
document's effective date on the D			equirements, this dute with now	oc nace us
ne record specifies a delayed effective	ve date, but not an effective	time, at 12:01 a.m. on (the earlier of: (b) The 90th d	lay after the
ord is filed.				
Dated November 6	2020	·		
1	n///			
-//-//	Signature of a member or aut	thorized representative of	a member	
Flynn LaVrar	Signature of a member or au	thorized representative of	a member	

Filing Fee: \$25.00