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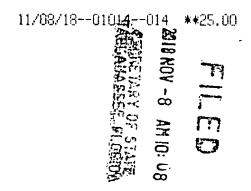
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COVER LETTER

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SUBJECT:	Rakeva Ver	nures, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Carmleo A Gentile				
			Name of Person			
			Firm/Company			
		320 Charleston Place				
		Celebration, FL 34747	Address			
		carmine@rakeva.com	City/State and Zip Code			
Car furthar i	nformation a	E-mail address; (oncerning this matter, please c	to be used for future annual report notifi	cation)		
Carmine Go		oncerning this matter, please c	321 939-0007		AON 81GE	•
	Name o	f Person	at () Area Code Daytime	Telephone Number	48.44 48.41 8- 40	<u>انا</u> فال
Enclosed is	a check for th	ne following amount:		· · · · · · · · · · · · · · · · · · ·	AN A	مسحا 1
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &: Certified Copy (additional copy is enclosed)	Certified	हें हो Stages है	

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

Rakeva Ventures, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/13/2016	and assigned
Florida document number L16000094488		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Rakeva, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere	d office address on our records of	NO TO THE PARTY OF
registered agent and/or the new registered office address		
Name of New Registered Agent:		Ett. ©
New Registered Office Address:	Enter Florida street address	
	, Florida	a Zip Code
	Cup	e segri marcan

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			Change
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Note: If the date inserted in t	his block does not meet the	applicable stat	utory filing requ	irements, this	date will	not be l	isted
document's effective date on	ine Department of State's re	ecoras.					
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Typed or printed name of signee

Filing Fee: \$25.00