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SECRETARY OF STATE

JUN 20 2016 S. YOUNG

COVER LETTER

	Division of Cor					
SURIFO	RA AND F	RB, LLC				
SOBJEC		Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	indence concerning this matter	to the following:			
		LISA ZAHORIAN				
		•	Name of Person			
		TAX & FINANCIAL ST	RATEGISTS LLC			
			Firm/Company			
28089 VANDERBILT DR., SUITE 201						
			Address			
		BONITA SPRINGS, FL	34134	·- ·		
			City/State and Zip Code			
		LISA@WONDERTAX.CO				
For furth	er information c	n-mail address: (to be used for future annual report no	tification)		
		oncerning this matter, please c				
LISA ZAHORIAN			239 405-8395 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RA AND RB, LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on JUNE 13, 2016	and assigned
Florida document number L16000114108		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
RAGGED ASS SALOON, LLC		7.0
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or t	*****
Enter new principal offices address, if applicable:		4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(Principal office address MUST BE A STREET ADDRESS	<u></u>	المستراث ا
		c) C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	100	
B. If amending the registered agent and/or registered		ter the name of the nev
registered agent and/or the new registered office address I	<u>iere</u> :	
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

MGR = M AMBR = A	lanager uthorized Member		
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JUNE 16		2016		/	/		
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- WW	Signature o	of a member or a	uthorized repre	sentative of a	nember		_
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Filing Fee: \$25.00