L16000121044

08/26/2016 FRI 15:43 FAX 001/004

8/26/2016 Division of Corporations

Florida Department of State
Division of Corporations
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(((H16000213033 3)))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THE TAX MAN, INC.
Account Number : I19990006042
Phone : (561)799-3810
Fax Number : (561)799-[illegible]

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: GLAMMPORTS@AOL.COM

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TALLAHASSEE FLORIDA

2016 AUG 25 PM 3:50
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RAY & SAVE, LLC

Certificate of Status	1
Certified Copy	0
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S Warren
AUG 29 2016

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAY & SAM 1, 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 06/28/2016 and assigned Florida document number L16000121011

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 contain the word "limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

City, **Florida** *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 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.

If Changing Registered Agent, **Signature of New Registered Agent**

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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

Title	Name	Address	Type of Action
MGR	SAAD MAKLAD	7361 TRESCOTT DRIVE	☐ Add
		LAKE WORTH FL 33467	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

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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)**
(If an effective date is listed, the date must be specific and not be prior to the date of filing or more than 90 days after filing.) **Pursuant to 605.0207 (3)(b)**
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but no effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 26 2016

_____
Signature of an authorized representative of a member

_____
Printed or typed name of signee

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