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COVER LETTER

	Registration Se Division of Cor		, '				
eun uz	RAS Crane						
SUBJEC	1:	Name of Lim	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Shari Jacobson					
			Name of Person				
		RAS Crane LLC					
			Firm/Company	<u> </u>			
		6409 Congress Ave., Suite	: 100				
			Address				
		Boca Raton, FL 33487					
			City/State and Zip Code				
		compliance@rasflaw.com					
		E-mail address: (to be used for future annual report not	ification)			
For furth	er information c	oncerning this matter, please co	all:				
Shari Jacobson			561 613-0092 at ()				
	Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed	is a check for the	he 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)			

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

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	
	h 9 2016
The Articles of Organization for this Limited Liability Company were filed on September L16000168214	and assigned
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 words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	; <u> </u>
	of the second
Enter new mailing address, if applicable:	7 33 11
(Mailing address MAY BE A POST OFFICE BOX)	ਸ਼ੀਨ <u>ਦੂ</u> ਸ਼ੀਨ ਹੈ
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	our records, <u>enter the name of th</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida	i 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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Remove
			Add
		 	
			□ Change
			□ Remove
			□ Change
			Add
			Remove
			☐ Change

The purpose of this Limited Lie	bility Comp	pany shall be to	engage in p	rofessional le	gal services.			
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ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc beament's effective date on the Dep	k does not r	meet the applica	to date of filmable statutor	g or more than filing requi	90 days after f	iling.) Pursua	ant to 60 of be lis	15.0201 ited as
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Filing Fee: \$25.00