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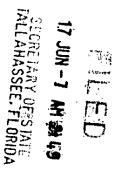
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Ray Enter Prise Group, LLC Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Rachid Zraouli   |
| Name of Person   |
| Name of Person  Ray Enterprise Group, LLC  Firm/Company  590 SW fair View Ave  |
| 590 SW fair View Ave   |
| Address  Port Saint Lucie, fc 34983  City/State and Zip Code  B Zraouli Dynail. com  E-mail address: (to be used for future annual report notification)  |
| RZCaouli and Zip Code  Bernail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Rachid Zravuli at (561) 818-7351   |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$Certificate of Status & \$\Bigcup \$1.00 Filing Fee & \$\Bigcu |
| (additional copy is enclosed) 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

| Bay Enterprise   | Group, LLC  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company)                                   |  |  |  |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000053</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company to the limited liability company to the limited liability company. | IT JUN:   |  |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  | 13868 Whisperson Luce or the Benevium "Libe"  Palm Beach Gardens, FC 33418                    |  |  |  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 590 SW Fairview Ave<br>Port Saint Lucie, FZ 34983   |  |  |  |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  |   |  |  |  |  |  |
| New Registered Office Address: 596 S   | hid Ztaouli W fair view Ave  Enter Florida street address  int Lucie, Florida 34983  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

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

| <u>Title</u> | <u>Name</u>      | Address                     | Type of Action   |
|--------------|------------------|-----------------------------|------------------|
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Filing Fee: \$25.00