# L17000009200

| (Requ                       | estor's Name)   |             |
|-----------------------------|-----------------|-------------|
|                             |                 |             |
| (Addr                       | ess)            |             |
|                             |                 |             |
| (Addr                       | ess) .          |             |
| (* 144)                     |                 |             |
|                             | o               |             |
| (City/s                     | State/Zip/Phone | 9#)         |
| PICK-UP                     | ☐ WAIT          | MAIL        |
|                             |                 |             |
| (Busin                      | ness Entity Nar | ne)         |
|                             |                 |             |
| (Doc)                       | ıment Number)   |             |
| (5000)                      | inient Number,  |             |
|                             |                 |             |
| Certified Copies            | Certificates    | s of Status |
|                             |                 |             |
| Special Instructions to Fil | lina Officer:   |             |
|                             |                 |             |
|                             |                 |             |
|                             |                 |             |
|                             |                 |             |
|                             |                 |             |
|                             |                 |             |
|                             |                 |             |
|                             |                 |             |

Office Use Only



800296979528

03/23/17--01014--011 \*\*30.00

SECULE INSECTION STATE IN A CONTRACT OF STATE

MAR 24 2017 S. YOUNG

### **COVER LETTER**

| Division of Co             | rporations                                 | · · · · · · · · · · · · · · · · · · ·                               |  |
|----------------------------|--|---|--|
| RSI CLEA                   | NERS, ELC                                  | $t_{i_1}$   |  |
| SUBJECT:                   | , Name of Lim                              | ited Liability Company  | Control  |
|                            | 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M    |   | A Committee of the Comm |
| The enclosed Articles of   | Amendment and fee(s) are sub               | mitted for filing.  |  |
| Please return all correspo | ondence concerning this matter             | to the following:   |  |
|                            | Robert Wong                                |   |  |
|                            | <del></del>                                | Name of Person  | <del> </del>   |
|                            | RSI Commercial Services                    |   |  |
|                            |  | Firm/Company  |  |
|                            | 17423 New Cross Circle                     |   |  |
|                            |  | Address   | 17 J   |
|                            | Lithia, Fl 33547                           |   | JAN 23 PH  |
|                            |  | City/State and Zip Code   | <u> အ                                   </u>   |
|                            | RobWongEnterprises@outl  E-mail address: ( | ook.com<br>to be used for future annual report noti                 | fication)  |
| For further information of | concerning this matter, please ca          |   | JAN 23 PH 3: 05  |
| Robert Wong                |  | 305 528-9615  |  |
| Name o                     | of Person                                  |   | e Telephone Number   |
| Enclosed is a check for t  | he following amount:                       | •   |  |
|                            | \$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)   |
| MAIL                       | ING ADDRESS:                               | STREET/COURI  | ER ADDRESS:  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RSI CLEANERS, 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 January 11, 2017 and assigned Florida document number L17000009200 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Raw Racing, LLC The new name must be distinguishable and contain the words "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) 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

#### 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

, Florida

## 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                         |
|--------------|-------------|----------|--|
|              |             |          | Add                                    |
|              |             |          | Remove                                 |
|              |             |          |  |
|              |             |          | □ Add                                  |
|              |             | ☐ Remove |  |
|              |             |          | ☐ Change                               |
|              |             |          |  |
|              |             |          | LAHLASSICA<br>JAMENSSICA<br>JAMENSSICA |
|              |             |          | Change                                 |
|              |             |          | 3; GG                                  |
|              |             |          | □ Remove                               |
|              |             |          | Change                                 |
|              |             |          |  |
|              |             |          | ☐ Remove                               |
|              |             |          | Change                                 |
|              |             |          |  |
| ۲.           |             |          | □ Remove                               |
|              |             |          | Change                                 |

|   | JAN 23                                    |
|---|---|
|   | ¥   |
|   | PH  |
|   | ى<br>چ                                    |
|   |   |
|   | •   |
|   |   |
| fective date, if other than the date of filing:   | (optional)                                |
| un effective date is listed, the date must be specific and cannot be prior to date of finete:  If the date inserted in this block does not meet the applicable statut |   |
| ocument's effective date on the Department of State's records.  |   |
|   |   |
| record specifies a delayed effective date, but not an effe<br>The 90th day after the record is filed.   | ective time, at 12:01 a.m. on the earlier |
| tted 2017   |   |
|   |   |
| <del>1 13</del>   |   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00