

Florida Department of State  
Division of Corporations  
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(((H17000158907 3)))



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## To:

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

## From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 227-0435

P.A.

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

Email Address: tgood@trenam.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RAYSUP, LLC

Certificate of Status	0
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JUN 15 2017

Y SULKER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H17000158907 3)))

RAYSUP, 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 3/29/2017 and assigned  
Florida document number L17000071836

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 designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

146 4th Avenue NE, Unit 600

**(Principal office address MUST BE A STREET ADDRESS)**

St. Petersburg, FL 33701

**Enter new mailing address, if applicable:**

146 4th Avenue NE, Unit 600

**(Mailing address MAY BE A POST OFFICE BOX)**

St. Petersburg, FL 33701

**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:**

TK REGISTERED AGENT, INC

**New Registered Office Address:**

101 E. KENNEDY BLVD, SUITE 2700

*Enter Florida street address*

TAMPA

*City*

Florida 33602

*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: (((H17000158907 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AGOSTINHO J. RIBEIRO	146 4th Avenue NE, Unit 600	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	First American Exchange Company, LLC	215 SOUTH STATE STREET STE 380	<input type="checkbox"/> Add
		SALT LAKE CITY, UT 84111	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated JUNE 9 2017

Agostinho Ribeiro  
Typed or printed name of signer