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S. WARREN AUG 0 8 2017

COVER LETTER

Division of Corp	orations			
RIFCT: Reco	hav LLC			
DODG II	Name of Limit	ed Liability Company		
enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
ase return all correspor	ndence concerning this matter to	o the following:		
		Name of Person		
		Name of Person	;	
	Ros	Firm/Company		
		Firm/Company	•	
	-2930	Hospitalety St.		
		Address	. 0	
	Tallat	City/State and Zip Code	82-2251679 (fication) RETERRATE	
		City/State and Zip Code		A
	E-mail address: (t	o be used for future annual report notifi	fication)	` ت
r further information o	oncerning this matter, please ca		•	
Durch	Petel Person	at ()	ne Telephone Number	
Name o	i reison	Area dodo		
closed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
			(additional copy is enclosed)	
MAII	ING ADDRESS:	STREET/COURI	JER ADDRESS:	

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

Registration Section

):

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raightay LLC	·	·
(Name of the Limited Liability (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
ne Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
orida document number <u>L175C0157510</u>		,
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
ne new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		,
Principal office address MUST BE A STREET ADDRE	<u></u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registe egistered agent and/or the new registered office address 	ered office address on our ess here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	Cin	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	City Agent:	
hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered agong filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capac complete performance of my divent as provided for in Chapt	er 605, F.S. Or, if this document is
	If Changing Registered Agent, §	Signature of New Registered Agent
	Page 1 of 3	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
IGR	Kirambhai Patal	2681 N. Monroe St.	D Add
٠		Tallahassee, FL 30303	□ Remove
			Change
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etive date, if other than the date effective date is listed, the date must be if the date inserted in this block ement's effective date on the Department specifies a delayed ene 90th day after the record	specific and cannot be prior to date, does not meet the applicable stream of State's records. ffective date, but not an	statutory liling requiremen	nts, this date will n	ot be fisted :
ed <u>7.1</u>	18 , 2017 V D1 11		<u></u>	17
	gnantre of a member or authorized	I representative of a member		AUG -8
			(2)	
	Typed or printed nar	me of signee	1,	?