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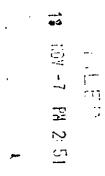
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O SIMMONS NOV 2 6 2018

COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	ANGELA SOLES		
	SOLES & COMPANY	Name of Person	
	120 S OLIVE AVE, SUIT	Firm/Company E 501	
	WEST PALM BEACH, FI	Address _ 33401	
	ASOLES@SOLESHEYNC	City/State and Zip Code PA.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please ea	all:	
ANGELA SOLES		561 429-6625	
Name c	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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

TO:

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

RAS REALTY INNOVATIONS I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Frontia Enfined Blabinty Company)	
The Articles of Organization for this Limited Liability Company were filed on 11/13/2017 Florida document number L17000234002	and assigned
This amendment is submitted to amend the following:	Ē,
A. If amending name, enter the new name of the limited liability company here:	\$ ·
SUITE 203 EXECUTIVE DRIVE, LLC	1,
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Lieuter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	٠ ر٠
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 recorregistered agent and/or the new registered office address here:	rds, <u>enter the name of the ne</u> v
Name of New Registered Agent:	·
New Registered Office Address: Enter Florida street add	ress
,1	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 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
MGR	ANGELA SOLES	120 S OLIVE AVE, SUITE 501 WEST PALM BEACH, FL 33401	■ Add
			□ Remove
			Change
MRG	SOLES RETIREMENT SAVINGS PLAN	120 S OLIVE AVE, SUITE 501 WEST PALM BEACH, FL 33401	🗆 Add
			■ Remove
			Change
	·		□ Add
			Remove
			D'Change
			Ade
			Remove
			Change
			Add
			Remove
			□ Change
			□ Add
			☐ Remove ☐ Change

•	
	
(If an el Note:	five date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 5. 2018.
	Angla Signature of a member or authorized representative of a member
	ANGELA SOLES

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00