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EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	CT: Ravin 340 B, LLC Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Jennifer Loukwood Name of Person	
	Name of Person	
	Ravin Consultants	
	4322 Glen Abbers in Address	18 加6
	Braden Hon, R 34202 City/State and Zip Code	加6-2-185 8: 24
	Dennicer @ ravin consultants. Lom E-mail address: (to be used for future annual report notification)	.5 #:
For fur	her information concerning this matter, please call:	1.
	PANIFEY LOCKWOOD at 941 441 - 6212 Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
52 \$25	.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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

(Name of the Limited	1 340 B / LLC Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number <u>L1700025</u>	ility Company were filed on Decal	9,2017 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Ravin Consult	ants LLC	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	77
(Principal office address MUST BE A STREET	ADDRESS)	<u>ਂ</u> ਨ
		, Г4
		e de la companya de l
Enter new mailing address, if applicable:		cv .
(Mailing address MAY BE A POST OFFICE BO	22	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	Ciry	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

<u> Title</u>	Name	Address	Type of Action
			Add
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			Change
			
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant rements, this date will not b	to 605.02 e listed
record specifies a delayed effective date, but not an effective time, and see 90th day after the record is filed.	at 12:01 a.m. on the ϵ	earlier
d July 30 . 2018		