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OCT 12 2019 S. YOUNG

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: William Ravis-Palm Beach, CCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Bennett Name of Person
William Ravers RE Firm/Company
So Center Sq. Address
East Long Medow, MA 01028 Gity/State and Zip Code Lizabeth. bennoth Caveis. Com JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at (413) 525-7597 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} (additional copy is enclosed)\$\$ \$\Bigcup \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)\$\$ \$\Bigcup \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)\$\$ \$\Bigcup \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)\$\$

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	bility Company as it now appears on our records.) orida Limited Liability Company)	100 E TIL
The Articles of Organization for this Limited Liabilit	y Company were filed on $\frac{6/20/2018}{21}$	and assigned
This amendment is submitted to amend the following	;;	Service Control
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		he abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reregistered agent and/or the new registered office a		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 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>	<u>Address</u>	Type of Action
MGR	David File	101 North County Rd	
		Palm Beach, FL 33480	B Remove
			Change
MGR	William M. Raveis, Jr.	7 Trap Falls Rd	☑ Add
		Shelton, CT 06484	□ Remove
			Change
AMBR	Matt Lane	720 5th Ave	🖸 Add
		Maples, FZ 34102	□ Remove
			🗆 Change
			□ Add
			□ Remove
			Change
			□ Add
			D Remove
			🗖 Change
			□ Add
			_□ Remove
			□ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan eff <u>Note:</u>	ve date, if other than the date of filing:
e rec The	ford 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 .	Septembr 26. 2019. Greaketh Sennett
	Signature of a member or authorized representative of a member
	Elizabeth Bennett Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00