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(Red	questor's Name)	- ·
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COVER LETTER

TO: Registration S Division of Co		,	
SUBJECT: E	MERALD FUEL ENTERPRISE	es, llc	•
	Name of Lin	ited Liability Company	····
	f Amendment and fee(s) are sub condence concerning this matter		
	ROBERT A. VOSBEIN		
		Name of Person	
		Firm/Company	·····
	730 ST. CHARLES AVE., #	301	
		Address	
	NEW ORLEANS, LA 7013)	
	robort trockein@grockeldi	City/State and Zip Code	
	robert.vosbein@vosholdi E-mail address: (ngs.com to be used for future annual report notif	ication)
For further information	concerning this matter, please ea	ail:	
Robert Vosbein		at (504)909-2999	
Name	of Person		Telephone Number
Enclosed is a check for t	the 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)
MAII	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD FUEL	ENTERPRISES, LLC				
(Name of the Limited Liab (A Flor	pility Company as it now appeared Limited Liability Company)	ers on our records.)	•		
The Articles of Organization for this Limited Liability	Company were filed on _	7/23/2018		_ and ass	signed
Florida document numberL18000176983	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company l	<u>iere</u> :			
RAV VENTURES, LLC					
The new name must be distinguishable and contain the words "L	limited Liability Company," the	designation "LLC" o			.L.C."
Enter new principal offices address, if applicable:			74L) 610	
Principal office address MUST BE A STREET ADI	DRESS)		7~~ ≥>.	CT	li į
			<u></u> : مندِ	+ -	FERGIN
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Enter new mailing address, if applicable:			[7].	<u>۔۔۔۔</u> ص	
Mailing address MAY BE A POST OFFICE BOX)			i= .	00	· · · · · · · · · · · · · · · · · · ·
	 .	· · · · · · · · · · · · · · · · · · ·	·		
3. If amending the registered agent and/or registered agent and/or the new registered office ac		n our records, g	enter the	name	of the n
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Fle	orida street address			
		, Floric			
	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
		 	
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un effe ote:	ve date, if other than the date of filing:
e reco The	ord 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.
ated	September 24 2019
-	Quatti-
	: 1\ p\//\H \/p\hers

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00