

L18000187999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

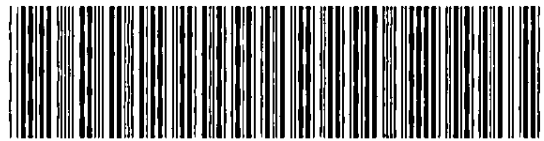
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300415882183

09/18/23--01040--016 **52.50

10/23/23--01019--005 **7.50

09/18/23 10/23/23

M



October 16, 2023

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Resubmit Ref#:L18000187999

Attached is copied page of a letter received from Morgan E. Lovett, Regulatory Specialist II. Per her instructions is the required form.

Also included is a check for \$7.50. As noted in the copied page a check totaling \$52.50 was in closed previously and according to my bank records that check has been deposited. The check enclosed will bring the total due of \$60.00 as required for filing and requested copy.

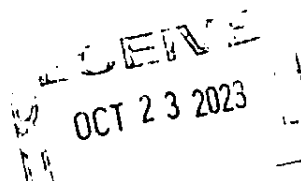
If you have any questions concerning these documents please call (407) 300-7609.

Thank you and God Bless!

Sincerely,

Raymond Hayes

10/23/2023 2:28:28 PM





FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2023

RAYMOND HAYES
9161 FOREST ROAD, #343
GOODE, VA 24556

SUBJECT: RAYBIZ ENTERPRISES, LLC
Ref. Number: L18000187999

We have received your document for RAYBIZ ENTERPRISES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call: (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 223A00023176

2023 OCT 28 11:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RayBiz Enterprises, LLC

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:

Raymond Hayes

Name of Person

RayBiz, Enterprises, LLC

Firm/Company

9161 Forest Rd #343

Address

Goode VA 24556

City/State and Zip Code

raybiz4u@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Hayes at (407) 300-7609
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
SEP 20 11 2:26
FILE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 10/16/2023 and assigned
Florida document number L18000187999.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.1207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee