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| Special Instructions to Filing Officer: |
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Office Use Only

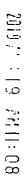


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COVER LETTER

| TO: Registration Section # Division of Corporations | |
|---|--|
| SUBJECT: Raymond Ratt.55 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: | |
| Ricky Ratliss Name of Person | |
| Raymond Ratiff LLC | |
| 13402 Tall Palm Place | |
| RIVERVIEW FL 33578 City/State and Zip Code | |
| E-mayaddress: (to be used for future armual report notification) | |
| For further information concerning this matter, please call: | |
| Ricky Ratliss at (321) Name of Person at (321) Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

2019/11/19 11/11:08

| Roymond Ratliff (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) Liability Company) | | | |
|--|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900008833</u> | were filed on $1/14/2019$ and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| Guyzilla LLC The new name must be distinguishable and contain the words "Limited Liabil | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | 1124 Village Place | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Daven port, FL 33896 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1124 Village Place Davenport, FL 33896 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | | | |
| 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | | | |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| an effective : <u>ote:</u> If the | date is listed, the date inserted : | han the date of date must be spein this block do on the Departm | cific and ca es not mee | nnot be prior to | 4/20/ date of filing ole statutory | or more than 9 | (option 0 days after fil ments, this d | ing.) Pursuant to | 605.020 listed a |
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Page 3 of 3

Filing Fee: \$25.00