## L19000080138

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## **COVER LETTER**

Rav SUBJECT:	Ridez LLC			
3003ECT	·	Name of Lin	nited Liability Company	<del></del>
The enclosed Art	cles of Amendn	nent and fee(s) are sub	mitted for filing.	
Please return all c	orrespondence o	oncerning this matter	to the following:	
	Calv	in Francois		
	Raw	Ridez LLC	Name of Person	<del></del>
	2921	Belmont Lane	Firm/Company	<u> </u>
	Holly	rwood FL. 33026	Address	
	Halee	mtayibb0217@gmail.	City/State and Zip Code	
For further inform	ation concerning	E-mail address: () g this matter, please ca	to be used for future annual report no all:	tification)
Calvin Francois			754 201-5657	
	Name of Person		Area Code Dayti.	me Telephone Number
Enclosed is a chec	k for the follow	ing amount:		
□ \$25.00 Filing		0.00 Filing Fee & ertificate 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)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6323 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

Raw Ridez LLC

ipany as it now appears on our reed Liability Company) 2013	HAY 10 A 1: 12
ny were filed on March 22; 20	and assigned
MIL	ATRAGESE COOKER
ability company here:	
ability Company," the designation '	"LLC" or the abbreviation "L.L.C."
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office address on our road	ards anter the name of the m
	ords, enter the name of the h
<del></del>	
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Lanci 1 man man mich mu	wa cigi
	, Floriida
·	Zịp Code
<u>:t:</u>	
	l further agree to comply with th
te performance of my duties	I further agree to comply with ti s, and I am familiar with and 05, FS. Or, if this document is
i :	office address on our reco

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		D Add
			Remove
			☐ Change
			Remove
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			Ε Reπυνε
			□ Change

Dated	Signature of a member of author	Lacian	
) The 90th day after	delayed effective date, but not the record is filed.	an effective time, at 12:0	01 a.m. on the earlier of:
(If an effective date is listed, t <u>Note:</u> If the date inserted	than the date of filing:  the date must be specific and cannot be prior to in this block does not meet the applicat on the Department of State's records.	date of filing or more than 90 days	opti-onal) after filing.) Pursuant to 605.0207 ( , this date will not be listed as ti
		7-34	
			·

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00