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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Raw Deal Gr	oup 1/c
	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	amitted for filing
Please return all correspondence concerning this matter	to the following.
Alexandra	Maltais Name of Person
Raw Deal	Firm/Company
528 SE Gree	MWay ter Address
Port St	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please c	call:
Alexandra Maltais	at 626 6523
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square \text{S25.00 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)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company version of Company versio	were filed on $\frac{6/5/19}{}$ and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	Eo E
The state of the s	
	2 11 Z -
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter-the name of th
The state of the s	PH 12
Name of New Registered Agent:	23
New Registered Office Address:	Enter Florida street address
	Classida
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Address
528 SE Greenway tes
Port St Live, Fl 34983 **Title** Type of Ac **Name** Alexandra MaHais MGR ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add [™]□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

□ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or magnetical interests of the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective t) The 90th day after the record is filed.	time, at 12:01 a.m. on the earlie	er of
Dated June 17, 2019.		
Signature of a member or authorized representative		
Alexandra Maltais Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00