L19000212878

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COVER LETTER

TO:	Registration Se Division of Cor		4.€	
(11 PS 1	11.75%	RAULYGIS CHAR, LLC		
St Bh	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-		
Please	return all correspo	ndence concerning this matter	to the following:	
		F	FRANK A DUQUE	
			Name of Person	
		DU	JQUE & ASSOCIATES	
			Firm/Company	
	3750 GUNN HWY SUITE #306			
		-	Address	·
		TAM	1PA FLORIDA 33618	
		 	City/State and Zip Code	
		-	UEINC@JUNO.COM to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca		
FRA	ANK A DUQUE		813 998-0803	
	Name o	ř Per son		Telephone Number
Enclos	sed is a check for th	ne following amount:		
S S3	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)
	MAIL	ING ADDRESS:	STREET/COURI	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

	RAULYGIS CHAR, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document numberL190000212878	oility Company were filed on AUGUST 20 2019	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on our records	enter the name of the ner
registered agent and/or the new registered office	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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
AMBR	ROBERT GONZALEZ JR	3126 SMITTER RD TAMPA FL 33618	Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
		☐ Remove	
		☐ Change	
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.)
	
	·
F. Effective date, if other than the date of filing: AUGUST 20 201 (If an effective date is listed, the date must be specific and cannot be prior to date of filing on Note: If the date inserted in this block does not meet the applicable statutory the document's effective date on the Department of State's records.	9 (optional) or more than 90 days after filing.) Pursuant to 605,0207 (3)(tilling requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effectiv (b) The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated OCT 20 2 3 . 2019 Signature of a member of authorized representations.	tive of a member
RAUL CHARBONIER III	/

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Typed or printed name of signee

Filing Fee: \$25.00