L19 000276835

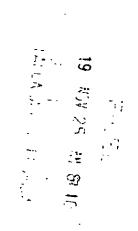
(Requestor's Name)
(Address)
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JAN 0 6 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

	ision of Co	orporations			
SUBJECT:	HAND CRAFTED CARDS BY RAYE LLC				
		Name of L	imited Liability Company		
The contra					
		f Amendment and fee(s) are s			
Please return	all corresp	ondence concerning this mate	er to the following:		
		IVA RAYE NORELL			
			Name of Person		
		HAND CRAFTED CAR	DS BY RAYE		
			Firm/Company		
		30 HOLLY AVE			
			Address		
		SHALIMAR, FL 32579			
		RAYEN0747@GMAIL.C	City/State and Zip Code OM		
			(to be used for future annual report not	tification)	
For further inf	ormation co	oncerning this matter, please o	call;		
IVA RAYE N	ORELL		850 333-9416		
Name of Person		at () Area Code Daytime Telephone Number			
Enclosed is a c	heck for the	e following amount:			
■ \$25.00 Fili	ing Fee	S30.00 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)	
Regis Divis P.O. I	g Address: tration Se ion of Co 30x 6327 nassee, Fl	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAND CRAFTED CARDS BY RAYE LLC		至夏云
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	25
The Articles of Organization for this Limited Liability Con	mpany were filed on 11/19/19	and assigned
Florida document number L19000276835		
This amendment is submitted to amend the following:		.
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
<u> </u>	, Florid	
	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>	Name	Address	Type of Action
MGR	IVA RAYE NORELL	30 HOLLY AVE APT 201-N	≣ Add
		SHALIMAR, FL 32579	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
		*	□Add
			Remove
			Change
			□Add
		<u></u>	Remove
			Change
			□ Add
		···	□Remove
			□Change

Page 2 of 3

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	live date, if other than the date of filing:)207 d d as t
he rec The	cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlie $90th$ day after the record is filed.	rof
Dated _.	November 22. 2019.	
	November 2d. 2019. Dua Raye Toulf Signature of a member or authorized representative of a member	
	· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

Filing Fee: \$25.00