2/28/2020



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To:

1:31PM FAX

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | : | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAYJA INVESTMENTS, L.L.C.

| Certificate of Status | 0 | | |
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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

| RAYJA INVESTMENTS, L.L.C. | |
|--|--|
| (Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa | pears on our records.) ny) |
| The Articles of Organization for this Limited Liability Company were filed on | 11/26/19 and assigned |
| lorida document number 1.19000280633 | |
| This amendment is submitted to amend the following: | 0 8 |
| A. If amending name, enter the new name of the limited liability compan- | <u>v here</u> : |
| he new name must be distinguishable and contain the words "Limited Liability Company," t | the designation "L1C" or the abbreviation "L1C" |
| · · · · · · · · · · · · · · · · · · · | Processing and the second seco |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | <u> </u> |
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| | |
| Inter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
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| 3. If amending the registered agent and/or registered office address on ou | ir records, enter the name of the new registe |
| gent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | Florida street address |
| | |
| City | , Floridu Zip Code |
| ew Registered Agent's Signature, if changing Registered Agent: | Lip Code |
| hereby accept the appointment as registered agent and agree to act in 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.

02/28/2020 132PH FAX

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records: or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | <u>Nume</u> | Address | Type of Action |
|---------|--------------------|----------------------|---|
| MGR | J.ELA KELLY | 1245 COURT STREET | i∃ Add |
| | | CLEARWATER, FL 33756 | E Remove |
| | | · | © Change |
| MGR | EDDY KELLY | 1245 COURT STREET | □ Add |
| | | CLEARWATER, FL 33756 | ≣ Remove |
| | | | UChange |
| MGR | PAMELA MARIE TEMKO | 1245 COURT STREET | ≅ Add |
| | , | CLEARWATER, FL 33756 | □Remove |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior | to date of filing or | more than 90 c | lays after fili | ng.) Pur | Suunt la | 605.02 |
| ote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records. | able statutory li | ing requirem | ents, this da | ite will | not bc | listed |
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| FEBRUARY 27 , 2020 | • | | | | | |
| ated FEBRUARY 27 | <u> </u> | | | | | |
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| Signalure of a member or author | orized representati | ve of a membe | r | | | • |
| - | . ; | | | | | |
| ALAN S. GASSMAN, Authorized Representative | | | | | | |

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