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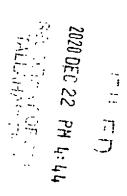
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COVER LETTER

FO: Registration S Division of Co			
SUBJECT: PAINTEDE	BYRAY LLC		
, obj.Ect	Name of Limi	ted Liability Company	
	f Amendment and fee(s) are subtondence concerning this matter		
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	17350 STATE HWY 249 S	SUITE 220	
		Address	
	HOUSTON TX 77064		
	·	City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
LOVETTE DOBSON		888 462-3453 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$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)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.O. Box 6327 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

PAINTEDBY	RAY LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on11/26/201	19 and assigned
Florida document numberL19000292388		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1659 2ND ST #413	
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34236	
Enter new mailing address, if applicable:	1659 2ND ST #413	2020 DE
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34236	22
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
		Florida
	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	RACHEL LAST	1659 2ND ST #413	
		SARASOTA, FL 34236	Remove
			☑ Change
			Remove
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			□ Remove
			Change
<u> </u>			Add
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Effective data if other than the	-46-Cli	(4:	- 1)
Effective date, if other than the d (If an effective date is listed, the date must) Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable s	options of filing or more than 90 days after filing tatutory filing requirements, this da	al) ing.) Pursuant to 605.0207 (3) ate will not be listed as the
the record specifies a delayed) The 90th day after the reco	rd is filed.		n. on the earlier of:
Dated NOVEMBER 30	2020		
Dated NOVEMBER 30 Rachel La S RACHEL LAST	at		
3	ignature of a member or authorized	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00