

L20 000052460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

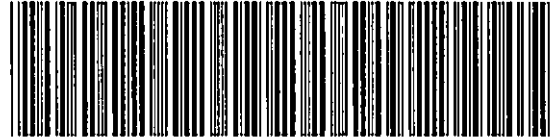
(Business Entity Name)

(Document Number)

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Handwritten signature

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: RAY & BIFF, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto P. Celaya

Name of Person

SHEEHAN & CELAYA, P.A.

Firm/Company

300 Dal Hall Boulevard

Address

Lake Placid, Florida 33852

City/State and Zip Code

ames1807@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ray Anthony Brown

Name of Person

863 at ()

Area Code

381-9479

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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAY ANTHONY BROWN	232 Humphrey Avenue, Lake Placid, FL 33852	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WALLACE WENDALL AMES, JR	10710 Payne Road, Sebring, FL 33875	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 22, 2020

Signature of a member or authorized representative of a member

ROBERTO P. CELAYA

Typed or printed name of signer