## LZ0 000052460

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO:

**Registration Section** 

Division of C	orporations	ir .	
		¥	<b>f</b>
SUBJECT: F	AY & BIFF, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Roberto P. Celaya		
		Name of Person	
	SHEEHAN & CELAYA,	P.A.	
	-	Firm/Company	<del></del>
	300 Dal Hall Boulevard		
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	Lake Placid, Florida 33852	2	
		City/State and Zip Code	
	ames 1807@aol.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Ray Anthony Brown		863 381-9479	
Name	of Person	at () 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAY & BIFF, LLC		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on February 20, 2020	and assigned
This amendment is submitted to amend the following:	_·	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limit	led Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRI	ESS)	
		707
		7020 APR
Enter new mailing address, if applicable:		R 2
Mailing address MAY BE A POST OFFICE BOX)		-0.4
		= 3
B. If amending the registered agent and/or registered	office address on our records, enter the na	. 0
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City:	Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

DAM & DIEF LLC

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 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	RAY ANTHONY BROWN	232 Humphrey Avenue, Lake Placid, FL 33852	<b>=</b> Add
			□Remove
			□Change
AMBR WALLACE WENDALL AMES, JI	WALLACE WENDALL AMES, JI	10710 Payne Road, Sebring, FL 33875	<b>=</b> Add
		□Remove	
			□Change
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change
		□Add	
			Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an et Note:	tive date, if other than the date of filing:
ne reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	April 22 , 2020 ,
	Signature of a member of amthorized representative of a member
	ROBERTO P. CELAYA  A Grand fee nember 5  Typed for printed name of signee