

L20000078904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

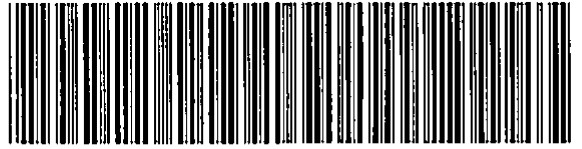
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/12/20--01013--007 **25.00

FILED
2020 MAY 12 AM 8:11
MASSACHUSETTS
SECRETARY OF STATE

JUN 01 2020
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R-GOLD, 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:

RAYMOND RAY
Name of Person

R-GOLD, LLC
Firm/Company

2950 SW 27 Ave Suite 100
Address

MIAMI FL 33133
City/State and Zip Code

RaymondRay.us@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAYMOND RAY at 305 992-5729
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:
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

R-GOLD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 11, 2020 and assigned
Florida document number L20000078904.

FILED
2020 MAR 12 AM 8:11
CLERK OF CIRCUIT COURT
MIAMI COUNTY FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2950 SW 27 Ave Suite 100

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL. 33133

Enter new mailing address, if applicable:

PO BOX 14-5427

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33114

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RAYMOND RAY

New Registered Office Address:

2950 SW 27 Ave Suite 100

Enter Florida street address

MIAMI

City

Florida 33133

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:

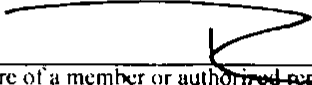
MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAYMOND RAY		<input type="checkbox"/> Add
		6619 S. DIXIE HWY #359 MIAMI FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	RAYMOND RAY	2950 SW 27 Ave Suite 100 MIAMI FL 33133	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	GREGORY GLASSER		<input type="checkbox"/> Add
		9130 S. DADELAND BLVD SUITE 2000,	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	ALFRED D. XIQUES	2950 SW 27 Ave Suite 100	<input checked="" type="checkbox"/> Add
		MIAMI FL. 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 05/05/2020 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record 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 record is filed.

Dated _____


Signature of a member or authorized representative of a member

RAYMOND RAY

Typed or printed name of signee

Filing Fee: \$25.00