Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

: (813)435-3176

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAGAN ENTERPRISES, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Y SHIKER

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

RAGAN ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 03/19/20 Florida document number L20000082199	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
RAGAN SDIRA, LLC	<u> </u>
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 APA - 5 A
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	rds, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter Florida s.	treet cidiress
	, Florida
City	Zıp Code

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

, . O

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				
Title	Name	Address	Type of Action	
			DAdd	
			□Remove	
			Change	
			□Remove	
			C:Change	
			DbA□	
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Note: If the date inserted in this	must be specific and cannot be prior to ds block does not meet the applicable e Department of State's records.	(optional) are of filing or more than 90 days after filing.) Pursuant to 605.0 statutory filing requirements, this date will not be listed	1207 (3) I as the
ne record specifies a delayed effectord is filed.	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after	the
04/03 Dated	2020		
Daled			