L20000 170340

(Red	questor's Name)	
(Add	dress)	
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(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



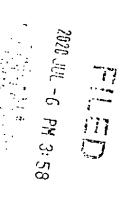
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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	Rayfa Reali	-	•	
501671.01	:		ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspoi	ndence concerning this matter	to the following:	
		Lisa Cotner		
		-	Name of Person	
		Bsquared, Inc		
	•		Firm/Company	
		8317 Front Beach Rd, Ste	8C-2	
			Address	
		Panama City Beach, FL 32	2407	
			City/State and Zip Code	
		jen@askbsquared.com		
			to be used for future annual repor	t notification)
For further	information co	oncerning this matter, please c	all:	
Raymond.	Jennings		850 332-466	00
-	Name of	Person	at () Area Code D	aytime Telephone Number
Enclosed is	s a check for th	e following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M</u>	lailing Address	<u>s:</u>	Street Addre	<u>58:</u>

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

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

3

Rayfa Reality LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records, da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L20000170340}{L20000170340}$	Company were filed on 6/18/2020	and assigned
This amendment is submitted to amend the following:		* 6 0
A. If amending name, enter the new name of the lin	nited liability company here:	
Rayfa Realty, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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record is fik	l specifies ed.	a delaye	d effecti	ve date.	but not	an effec	ctive tim	e, at 12:0	OL a.m. o	n the ear	lier of: (I	b) The	90th day	after the
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Filing Fee: \$25.00