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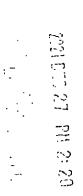
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
(Doo	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	





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A FORICE

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: 481) Raymond a Name of Limi	ited Liability Company	·	, a
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		F B C C L I I I		
	480 Rayr	nond auc. Ll	<i>l</i>	
	20500 Pinl	tree lane		
	Esten Fl	- 33928 City/State and Zip Code		
	donny a lit	TE 100 fin a condition to be used for future annual report no	VSTOVATION Offication)	·com
For further information c	oncerning this matter, please ca	all:		
— Allys And Name of	dra Black Person	at (<u>850</u>) <u>1002</u> Area Code Dayı	-5271 ime Telephone Number	2021 P.C 2
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centitled	te of Status &

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

480 Rayvu	ond ave. Lic	on our records.)		
(A Flor	rida Limited Liability Company)	,		
The Articles of Organization for this Limited Liability Florida document number <u>L200017329</u>		NE 22, 2020 an	d assigned	
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the de	signation "LLC" or the abbreviation	on "L.L.C."	_
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD.	mending name, enter the new name of the limited liability company here: N			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			767 F37	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		cords, <u>enter the name of th</u>	ng d	i stered
Name of New Registered Agent:	NIA		20 	·
New Registered Office Address:	Enter Flori	da street address		_
		, Florida		
	City		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
AMBR	aleksandra Black	20500 Pine tree In	DAdd
		20500 Pine thee In Esten Fl 33928	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□ Add ↑> □ Rêmove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional	
	<u>-</u> -
	2021
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	2
	7
	O
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on and is filed.	the earlier of: (b) The 90th day after the
Dated 12/23/21	
Signature of a member or authorized representative of	a member
Typed or printed name of signee	ek III