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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	<u> </u>
	Document Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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2020 NOV 16 AH 11: 45

COVER LETTER

SUBJECT: RAWW MOBILE LLC	
Name of Limited I	ciability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
<u>Keyon Riv</u>	ers
	Name of Person
	Firm/Company
P.O. BOX 280	Address
	Addiess
<u>Brandon</u>	FL 33500 ty/State and Zip Code
BIQ _ BLYON (used for future annual report notification)
For further information concerning this matter, please call:	ion is is is a second of the s
ror further information concerning this matter, please can:	
KEYON RIVERS	at (813) 598 0109 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\frac{1}{2}\$25.00 Filing Fee \$\Bigsize \$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	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L.	ny as it now appears on our records.)
(A Florida Limited L	Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 8 21 2020 and assigned
lorida document number <u>L20000 25 8 700</u> .	·
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: 10103 Sheywood Las	
Principal office address MUST BE A STREET ADDRESS)	APT 186 RIVERVIEW IT
	33578
	ਹਾ. •ਦਾ
Inter new mailing address, if applicable:	POBOX 280 Brandian; Eil
Mailing address MAY BE A POST OFFICE BOX)	33500
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	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
AMBR	Keyon Rivers	POBOX Brandon, FL	
MGR		33500	□Remove
		 	□ Change
			□Add
			□Remove
			□ Change
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			□Change

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Filing Fee: \$25.00