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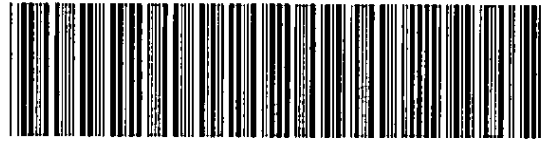
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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2021 JUN 14 PM 12:56

OFFICE OF THE  
SECRETARY

June 2, 2021

ANITA MATTHEWS  
125 N.E. 32ND STREET  
APT 1411  
MIAMI, FL 33137

SUBJECT: VIOLETTE RAE LLC  
Ref. Number: L20000353871

We have received your document for VIOLETTE RAE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 721A00011856

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OFFICE OF THE  
SECRETARY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Violette Rae 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:

Anita Matthews  
Name of Person

Violette Rae LLC  
Firm/Company

2045 Biscayne Blvd. Suite # 392  
Address

Miami, FL 33137  
City/State and Zip Code

MiaEdwards11@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita Matthews at 786 447-9305  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

*check was received.*

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 210  
Tallahassee, FL 32310

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

Violette Rae 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 11/09/2020 and assigned  
Florida document number L2000353871.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

2045 Biscayne Blvd.

Suite #392

Miami, FL 33137

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2045 Biscayne Blvd.

Suite #392

Miami, FL 33137

**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:

Anita Matthews

New Registered Office Address:

2045 Biscayne Blvd. Suite

*Enter Florida street address*

Miami

Florida

33137

*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.*

*Anita Matthews*

**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	Anita Matthews	2045 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Suite #392	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
MGR	Mia Edwards	125 NE 32nd Street	<input type="checkbox"/> Add
		#1411	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
MGR	Megan Edwards	125 NE 32nd Street	<input type="checkbox"/> Add
		1411	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
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Dated 7/12 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee