## LZ1000034221

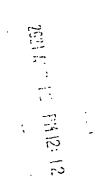
(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone	e #)
PICK-UP	] WAIT	MAIL
(Busine	ss Entity Nan	ne)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	





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## **COVER LETTER**

	ision of Corpo	DESIGN GROUP LLC		
SUBJECT:				
The enclosed	d Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Jeffrey I Ray		
			Name of Person	
		CINDY RAY DESIGN GR	ROUP LLC	-
			Firm/Company	
		17844 Scarsdale Way		
			Address	
		Boca Raton, Florida 33496		
		jeffrey@jeffreyray.com	City/State and Zip Code	
			o be used for future annual report notific	cation)
For further i	nformation co	ncerning this matter, please ca	ıll:	
Jeffrey Ray			561 523-0555 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
<b>≘</b> \$25.00 l	Filing Fee	☐ \$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
Ma	iling Address	<u>.</u>	Street Address:	

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

Registration Section

TO:

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

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 01/15/2021	and assigned
Florida document number L21000034221	·	
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
Ray Residential Design Group LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
	<del></del>	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> <u>here</u> :	ame of the new regist
Name of New Registered Agent:		20
Name Danier and Office Address		12-4 277
New Registered Office Address:	Enter Florida street address	20LV F. 1.3.3
	ri .da.	دي
	, Florida	Zip Code .
New Registered Agent's Signature, if changing Re		. 75
	agent and agree to act in this capacity. I further	جي ر

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

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		
Michie Manager		
AMBR = Authorized	Member	
ANIDK - Authorized	(VICIIII)CI	

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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