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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	-
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FILED
2022 MAR 28 AM II: 25
SECRETARY OF STATE

· COVER LETTER

TID IF OT	ture Developer L.L.C.		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filling.	
lease return all correspo	ondence concerning this matter	to the following:	
	Raymond Bradrun		
		Name of Person	
		Firm/Company	·
	7237 Corklan Drive		
		Address	
	Jacksonville,FL,32258		
	Ray@raycoventure.com	City/State and Zip Code	
	- · ·	to be used for future annual report notifi	cation)
or further information o	oncerning this matter, please co	all:	
Raymond Bradrun		904 309-2684 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations

Registration Section

Division of Corporations

TO:

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

Rayco Venture Developer L.L.C.

(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 ______ Florida document number L21000055123 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." 7237 Corklan Drive Enter new principal offices address, if applicable: Jacksonville, FL, 32258 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida __

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□ Remove
			☐ Change
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			Remove
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			□ Remove
			□Change
			□ Add
			Remove
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Address of the registered agent	has been changed as well to
7237 Corklan Drive ,Jacksonvil	le,FL,32258
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ffective date is listed, the date must be	ate of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block ment's effective date on the Depa	a does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.
ord specifies a delayed effective da filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
25th day March	2022

Typed or printed name of signee