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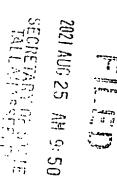
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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Ray ONESE CONSULTING, 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:
Robert Racunisc Name of Person
Firm/Company
5430 Dominica Street Address
Vuro Bian I 32967 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Bob Rayonesc at 310 466 - 9266 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	any as it now appears oh dur reco Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	202 and assigned
The Articles of Organization for this Limited Liability Company Florida document number 48811	ι	/
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
	on pany and and gar	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		(7) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>. 22.</u> сп
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
	read to got in this canacity. I	further agree to comply with th

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

AMBR = Authorized Member Type of Action Address Title Name Robert Ragonnse \square Add ☐Remove □Remove ... Change □Add Remove _ Change _ 🗆 Add □Remove _ Change __ ⊟Add □Remove

____ □Change

	 				
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ffective date, if othe	er than the date of filing , the date must be specific and	cannot be prior to date of fil	ing or more than 90 days a	tional) her filing.) Pursuant to 605.	.020
lote: If the date insert	ed in this block does not mate on the Department of St	eet the applicable statuto	ry filing requirements, t	his date will not be liste	ed as
	•				
record specifies a dela l is filed.	yed effective date, but not	an effective time, at 12:0	1 a.m. on the carlier of:	(b) The 90th day after	r the
	112011				
	1/2021				
Dated 8/19	Pape	nember or authorized reports	MOSO Entative of a member		

Filing Fee: \$25.00