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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	_
J.	HORNE	
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2022 JAN 10 AM 8: 30

SECRETARY OF SEC.



RECEIVED

FLORIDA DEPARTMENT OF STATE 10 PM 3: 17

Division of CorporationsSECRETARY OF STATE
TALLAHASSEE, FL

Letter Number: 521A00027522

November 12, 2021

TYRONE RAYMOND PO BOX 60261 PALM BAY, FL 32906 US

SUBJECT: RAYMOND INVESTMENT HOLDINGS LLC

Ref. Number: L21000273254

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT IS MISSING PAGES PLEASE COMPLETE THE ATTACHED COPY.

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.

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER .

TŮ:

Tallahassee, FL 32314

10: Registration Section Division of Corpor			
suвлест: <u>Раума</u>	nd Investment Name of Limit	- holdings LLC led Liability Company	·
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Tyra	on e Roymond Name of Person	
		Firm/Company	·
	Po. Box	00261 Address	
	Palm bay	FL 32906 City/State and Zip Code	
	tyrone Orayn	nond investmentholdis	Ms.com cation)
For further information conce	erning this matter, please cal	H:	
Tyrone Raym	nond	at (<u>321</u>) 917- Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:	,	
Cl \$25.00 Filing Fee Cl	S30.00 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 Sect	tion	Street Address: Registration Sec	tien
Division of Corp P.O. Box 6327		Division of Corp The Centre of Te	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Raymond Investment Name of L.	ent Holdings LLC imited Liability Company		
The enclosed Articles of Amendment and fee(s) are st	ubmitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
	one Raymond Name of Person		
Raymond inve	estment holdings LLC Firm/Company		
581 EI	Idron blud se		
Palm	bay, FL 32909 City/State and Zip Code		
tyrone e ray	mondinves tmentholding 5. com		
For further information concerning this matter, please	; call;		
Tyrone Raymond Name of Person	at (321) 917 7888 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 81			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 10 AH 8: 30

The Articles of Organization for this Limited Liability Company were filed on June 11, 2021 and assigned Florida document number 121000273254 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 "Enraded Liability Company," the designation "LLC" or the abbreviation "LLC." 581 Eldron blud Se Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 581 Eldron blvd se Palmbouy, FL 32909 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3. 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: Tyrone Raymond Name of New Registered Agent: 581 Eldron blyd se Enter Florida street address
Palm bay Florida 32909
Lity Zap Code New Registered Office Address:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Il 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 Address **Type of Action** <u>Title</u> Name _____ □Remove _____ Remove _____ Remove _____ Change _____ □Add _____ □ Remove _____ Change _____ Remove _____ □Remove

____ Change

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ecord sp is filed.	occifies a delayed	l effective date	, but not an e	ffective time	at 12:01 a.m.	on the earlier	of: (b) The 9	90th day after th	he
nted	Tan 5#	KIL	$\sim n$	2027					
	•	Signa	ture of a memb	oer or authorize	d representative	of a member			
		17	Nes						

Filing Fee: \$25.00