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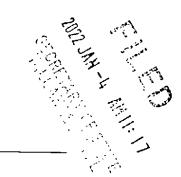
COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	GWen M 1 Name of Lim	Rafford LL(2	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Gwer	n M Rafford Name of Person		
	Gwa	en M Rafford	LLC	
	1,3041	Bridgeford Ave	<u> </u>	
	Bonito	City/State and Zin Code Ford real for Coto be used for nucere annual report notific	34135	
	E-mail audress: (i	ford real tor (c) to be used for notific	eation) and Com	
For further information co	ncerning this matter, please ca		(2963	2 3
Gwen	Rafford	at (<u>207</u>) <u>498 –</u> Area Code Daytime	6963	in Tight
Name of Enclosed is a check for the	Person	Area Code Daytime	Telephone Number	
\$25.00 Filing Fee	_	□ 655 00 Ellion For 8	1	
us 323.00 rining ree	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 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



Gwen	m Raffo	rd LLC		
(Name of the Lis	nited Liability Company (A Florida Limited Liab	as it now appears on oility Company)	our records.)	77
The Articles of Organization for this Limited Florida document number <u>L 21000</u>		ere filed on _ JU	ne 14,20	21 and assigned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liabilit	y company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if app	licable: _		·	
(Principal office address MUST BE A STRE	EET ADDRESS)			
	_			
Enter new mailing address, if applicable:	_	·		
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>			
	-			
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office add ess here:	ress on our record	ls, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Gwen	m Raff	ord	
New Registered Office Address:	13041	Bridge fo Enter Florida str	ad Ave	
	Bonita S	prings	, Florida	34135

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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			Change
			□Add
			□Remove
			ПСһапде
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E CC	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	December 26th, 2021.
	Awn Mayford Signature of a member or authorized representative of a member
	•

Filing Fee: \$25.00