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4/06/2021

COVER LETTER

TO:	Registration Sec Division of Corp			;
SUBJE	ест: <u>Р</u>	AY CONTR Name of Limi	ERAS L C	-
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RAY	Name of Person ON + (RYAS Name of Person ON + (RYAS) Firm/Company	_i
		<u>481 NY</u>	Solution of Limited Liability Company s) are submitted for filing. Inis matter to the following: A CONTRANCE AS LICE Firm/Company NW. 18811 Fer. Address LONE FINES FL. 33029 City/State and Zip Code NEHOMES 123 PANIL COM Indidenses: (to be used for future annual report notification) To please call: at (646) Area Code S55.00 Filing Fee & S60.00 Filing Fee,	
		Name of Limited Liability Company A CONTRERAS LLC Name of Limited Liability Company needment and fee(s) are submitted for filing. ence concerning this matter to the following: RAY CONTRERAS LLC RAY CONTRERAS Name of Person RAY CONTRERAS Name of Person RAY CONTRERAS PRINCOMPANY Firm/Company City/State and Zip Code FINE HOMES 123 PANALLOM E-mail address: (to be used for future annual report notification) cerning this matter, please call: Area Code Tollowing amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (certificate of Status & Certified Copy) (certificate of Status & Certified Copy) (certificate of Status & Certified Copy) (certificate of Status & Certified Copy)		
For fur	ther information co	oncerning this matter, please ca	Name of Limited Liability Company Indiment and fee(s) are submitted for filing. The concerning this matter to the following: The concerning this matter to th	
	ZAY CON	J TYELAS Person	at (646) 620 Area Code Daytim	-7763ne Telephone Number
Enclose	ed is a check for th	c following amount:		
\ Q'\$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 FILED

OF	3 2 2
OI.	2021 AUG 26 PH 7: 49
AV CONTRERAS	LL C OFFICE TARY OF STATE
Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records ASSEE, ILDE

The Articles of Organization for this Limited Liability Con	npany were filed on <u> </u>	14 30, 2021 and assigned
Florida document number L 21000345109		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida Zip Code
	City	Zip Code

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**

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAYMOND CONTRACAS	481 NW 18847 ter Pembroke	NPS FL. DAdd
			□Remove
			□Change
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.)7 (3)(I is the
If the record 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 record is filed.	c
Dated A ; 23 rd , 2021.	
Signature of a member or authorized representative of a member	
RAYMOND CONTRAS Typed or printed name of signee	