L21000384406

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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Con			
Courtly Ra SUBJECT:		•	
SOBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	_	
	Tamie Zelaya		
		Name of Person	
	Courtly Raven LLC		
		Firm/Company	
	4307 Fern Glen St		
	 -	Address	
	Holiday, FL 34691		
	tamiczelaya@gmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
Tamie Zelaya		813 505-6071 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED

Courtly Raven LLC

2021 SEP -7 PM 8: 02

(Name of the Limited Liability Company as it now appears on our records ECRETARY OF STATE (A Florida Limited Liability Company)

TALLAHASSEE, ILLAHASSEE, ILLAHASS The Articles of Organization for this Limited Liability Company were filed on _____08/27/2021 ___ and assigned Florida document number L21000384406 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 "LLC." Enter new principal offices address, if applicable: (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>	Address	Type of Action
AMBR	TAMIE ZELAYA	4307 Fern Glen St	■Add
		Holiday, FL 34691	□Remove
			□ Add
			□Remove
			□Change
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te: If the date inserted in this blo	ck does not meet the applic	cable statutory filing req	uirements, this date will not be	listed as
ument's effective date on the De	partment of State's records			
cord specifies a delayed effective	data but not an affactiva t	ima at 12:01 a.m. on th	a portion of the The Oath door	a fi az alba
s filed.	date, but not an effective ti	ime, at 12.01 a.m. on in	e earner of, (b) The 90th thay	aner me
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ed September 2	2021	<u> </u>		
ed September 2	 ,	<u> </u>		
ed September 2	2021 we Zelaya Signature of a member or author	orized representative of a	member	_