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To whom this may concern, I Rowen Harvey am Submitting 25 dutur filling fee to make sure. I am the Sole manager and only authorized member Of Raven Harvey LLC. Address Will w. 3th street Riviewa Beach FL, 33404 If you have any questions or concerns please call me at 5613443206

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rayen Harvey LLC Name of Limited Liability Company
Name of influence Emonity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Range of Person
Firm/Company
W. 37th Street
RIVICIO Beach FL, 33404 City/State and Zip Code
E-mail address: (to be used for future annual/report notification)
For further information concerning this matter, please call:
Rate 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) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 1/20/2022 and assigned Florida document number 12200187954
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 "L.L.C."
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:
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 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 Raven Harvey	611 W 37th Street Riviera Beach FL 33	SAdd GAdd Remove	
			Change
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e .	er information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective date is listed, Note: If the date inserte	or than the date of filing:	605.0207 (3)(isted as the
ne record specifies a delay ord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Dated <u>2/16/</u>	2023 Covery Advices Signature of a member or authorized representative of a member	
	Koven Hoves	
	Signature of a member or authorized representative of a member COULD HONGE	

Filing Fee: \$25.00