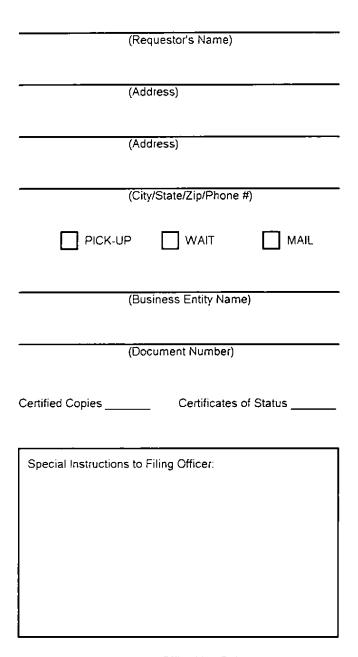
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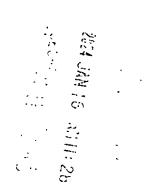


Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor	ection -porations	-			
SUBJECT: Ray's Arts	& Plants LLC				
30 <b>b</b> 0LC1	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANGELA SORIANO				
		Name of Person			
	Ray's Arts & Plants LLC				
	•	Firm/Company			
	1462 Lemonwood Road		·		
	<del></del>	Address			
	St. Johns, Florida 32259				
		City/State and Zip Code	·		
	rays.artsandplants@gmail.c		<del></del>		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)		
Angela Soriano		at (904 ) 657-8900			
<u></u>	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 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		Street Address:	ection		
Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of	Γallahassee		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rav's Arts & Plants LLC

(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 May 31,2022 and assigned Florida document number <u>LL22000249257</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CELESTIAL PETS & PLANTS LLC 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: New Registered Office Address: Enter Florida street 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 kam 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
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		<del></del>	□Change
			□Remove
			☐Change
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			☐ Remove
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