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# **COVER LETTER**

Division of Co			
JRAY INV	ESTMENTS LLC		•
SUBJECT:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JASON MCDONALD		
		Name of Person	
	8362 PINES BLVD SUIT	Firm/Company	
	0.002 1 1111.0 111,4 12 30711	1, acto	
		Address	
	PEMBROKE PINES, FL 3	3024	
	RJENERGY@COMCAST.	City/State and Zip Code NET	
	E-mail address: (	to be used for future annual repor	t notification)
For further information of	concerning this matter, please ca	all:	
JASON MCDONALD		305 519-20-	13
Name o	of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for t	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		<u>Street Addre</u> Registration	
Division of C		<del>-</del>	Corporations
P.O. Box 632			of Tallahassee

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF OF SCORE PH 3: 08

JRAY INVESTMENTS 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 Con		and assigned
Florida document number 1.22000249594		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
JRAE Investments, LLC.		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del> </del>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
ises registered office Address.	Enter Florida street ad	ddress
		. Florida
	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 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>Tiţle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RAMIAH MCDONALD	8362 PINES BLVD. SUITE 200 PEMBROKE PINES, FL33024	
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			Remove
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ective date, if other than to effective date is listed, the date in this rument's effective date on the	nust be specific and canno block does not meet th	t be prior to date of til e applicable statuto		ys after filing.) Pursuant to	
cord specifies a delayed effec s filed.	tive date, but not an eff	ective time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	after the
JUNE 15	202:	2			
ed					
_ loson	ally an	Stat			
	Signature of a member	r or authorized repres	entative of a member		_