## LZZ000422171

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## **COVER LETTER**

TO:	Registration Se Division of Cor		• .			
CUDI	RaySon Pa	rtners, LLC	. · · · ·			
SUBJI	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		2023 JUL -5 Jin 8: 33	111 CCUC
Please	return all correspo	ondence concerning this matter	to the following:			_ : :1
		Nanci Soriano			25	<u>}</u>
			Name of Person		- د	: ა
		RaySon Partners, LLC			د	၁
			Firm/Company		_	
		8380 Baymeadows Road S	Ste 17			
			Address	· <del>-</del>	_	
		Jacksonville, FL 32256				
			City/State and Zip Code		-	
		info@propertyimjax.com				
		E-mail address: (	to be used for future annual report not	ification)		
For fur	ther information c	oncerning this matter, please c	all:			
Nanci	Soriano		904 2903948 at ( )			
	Name o	f Person		ne Telephone Numbe	r	
Enclos	ed is a check for the	he following amount:				
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status	
	Mailing Addres	<del></del>	Street Address:	ortio-		
Registration Section Division of Corporations		Registration Se Division of Co				
	P.O. Box 632		The Centre of	•		
	Tallahassee			e Street Suite	810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RaySon Partners, 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  $\frac{03/22/2005}{2}$ and assigned Florida document number L22000422171 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: 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 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.

City

\_, Florida \_\_\_

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

Title A	<u>Name</u>	Address	Type of Action
MGK	Jessica Marie Santiago Jones	8380 Baymeadows Road Ste 17	<b>≅</b> Add
		Jacksonville, FL 32256	□Remove
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ctive date, if other than t	he date of filing:	7/3/2023		(optiona	ıl)
effective date is listed, the date re:  If the date inserted in this	nust be specific and car	nnot be prior to d	ate of filing or more	than 90 days after fili	ng.) Pursuant to 605.02
ument's effective date on the			statutory ming re	quirements, this da	ne will not be fisted a
cord specifies a delayed effect filed.	tive date, but not an	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
ed July 3		2023			
			_		
<u> </u>			d representative of a		
	Signature of a mer	nber or authoriza	d representative of a	member	