L23000288190

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COVER LETTER

Registration Section

TO:

Division of Cor	rporations			
RAI CHER	RI LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The analoged Articles of	Amendment and fee(s) are sub	united for filing		
	•	-		
Please return all correspo	ondence concerning this matter	to the following:		
	RAEBURN CHERRY			
		Name of Person		
	RATCHERI LLC			
		Firm/Company		
	550 Gondolier Ter			r.)
		Address		,
	Deltona, FL 32725			• 11
	Danks - 05 1 (2) il	City/State and Zip Code		2.0
	Raeburn954@gmail.com E-mail address: (to be used for future annual report ne	otification)	, ————————————————————————————————————
For further information of	concerning this matter, please e	all:		C.
Raeburn Cherry		850 241-5542		• • •
Name o	of Person		ime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fce	Sand Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate Certified Co (additional co)	of Status &
Mailing Addres		Street Address:		
Registration Section		Registration Section		
Division of C	-	Division of C		
P.O. Box 632		The Centre of		
Tallahassee,	rl 32314	2415 N. Moni	roe Street, Suite 810	,

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAI CHERI 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 $\frac{06/14/2023}{1}$ _ and assigned Florida document number <u>L23000288190</u> 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

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

, 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

<u>Title</u>	Name	Address	Type of Action
			DAdd
			□Remove
			□ Add
		·····	□Remove
			□Remove
			□Change
			□Change 22 □Add
			□Remove
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TAMARAC, FL 33319			
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filled.

Dated

JUNE 21

Signature of a member or authorized representative of a member

RAEBURN CHERRY

Typed or printed name of signee

Filing Fee: \$25.00