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(Requestor's Name)
	Address)
	Address)
·	,
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to F	illing Officer:
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ONALLAMASSEE FLORING 2023 NOV 20 PH 5: 52

A. BUTLER NOV 2 0 2023

COVER LETTER

TO: Registration Se Division of Cor				
	lling of RAY LYNN DISTRIE	BUTORS LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ray H. Lynn			
		Name of Person		
	RAY LYNN DISTRIBUT	ORS LLC		
		Firm/Company	···-	
	4900 Tram Court			
		Address		
	Tallahassee, FL 32311			
		City/State and Zip Code		
	rhlynn@reagan.com			
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Ray H Lynn		850 508-1875 at ()		
Name o	of Person		ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address: Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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(Name of the Limited Liability Company as it now appears on our records 2023 HOV 20 PM 5: 52

The Articles of Organization for this Limited Liability Co	ompany were filed on 11/15/2023	SECI. and assigned
Florida document number <u>LZ7 000 5</u> 19 120		V = 2.1 [
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
RAY LYNN DISTRIBUTORS LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
<u></u>		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>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗆 Add
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_	11-20-2	2023		
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	be specific and cannot be r ck does not meet the ap	plicable statutory fi	(option r more than 90 days after fi ling requirements, this o	ling.) Pursuant to 605,0207 (
e record specifies a delayed effective ed is filed.	date, but not an effective	ve time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after the
Dated November 20	, 2023	·		
	Signature of a member or a	authorized representat	ve of a member	······

Filing Fee: \$25.00