## L24000016157

(Re	questor's Name)	
(Āda	dress)	<del></del>
(Add	dress)	
(City	y/State/Zip/Phone	<b>= #</b> )
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	
	mils	

Office Use Only



100423201341

02/05/24--01018--023 \*\*25.00

## COVER LETTER

TO:

	egistration Se ivision of Cor			
CED IVOT	RAYWA	Y BUILDERS, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	indence concerning this matter	to the following:	
		KRISTOPHER LEE RAY		
			Name of Person	
		RAYWAY BUILDERS, L	LC	
			Firm/Company	<del></del>
		4383 APPLECREST DRIV	VE	
			Address	<del></del>
		PALM BEACH, FL 33410	)	
		<u>.                                      </u>	City/State and Zip Code	
		RAYKRIS86@GMAIL.CO		
		E-mail address: (	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please ca	all:	
KRISTOP	HER LEE RA	Y	561 951-4372	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$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)
	ailing Addres		<u>Street Address:</u> Registration Sc	ection
		orporations	Division of Co	
Ρ.	O. Box 632	7	The Centre of	Tallahassee
Та	allahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAYWAY BUILDERS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	_
The Articles of Organization for this Limited Liability Company florida document number <u>L24000016157</u> .	were filed on 01/05/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable:	4383 APPLECREST DRIVE	· ·
Principal office address MUST BE A STREET ADDRESS)	PAM PEACH, FL 33410	
		• • • • • • • • • • • • • • • • • • • •
nter new mailing address, if applicable:	4383 APPLECREST DRIVE	
ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)	PALM BEACH, FL 33410	
3. If amending the registered agent and/or registered office a	nddress on our records, enter the i	name of the new regi
gent and/or the new registered office address here:		=
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	. Florida	1
	—, From the	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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	KRISTOPHER LEE RAY	4383 APPLECREST DRIVE	■Add
		PALM BEACH, FL 33410	Remove
			□Change
			🗆 🗆 🗆 Add
		<del></del>	□Remove
		<del></del>	Change
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
		. <u></u>	□ Change
		<del> </del>	□Remove
			□ Change
			□Add
			Remove
			□Change

	<del></del>				
			<del></del>		_
					<del>_</del>
				<del> </del>	<del></del>
	<del></del>				_
					_
			· · · · · · · · · · · · · · · · · · ·		_
					<del></del> .
					_
			•		
· · · · · · · · · · · · · · · · · · ·					
				<del></del>	_
	·		<del></del>	,	
<del></del>	_		-		_
					_
					_
Effective date, if other than the d fan effective date is listed, the date must have a listed in this bloc document's effective date on the Dep	be specific and cannot be ik does not meet the ap	plicable statutory	or more than 90 days	optional) after filing.) Pursuant to 6 , this date will not be l	05.0207 ( isted as tl
e record specifies a delayed effective of is filed.	date, but not an effecti	ve time, at 12:01	a.m. on the earlier o	f: (b) The 90th day a	fter the
Dated	. 2024	·			
/ `	reacopiner Li	u rau.			
<u></u>	ristopher La ignature of a member or	authorized represen	tative of a member		

Filing Fee: \$25.00