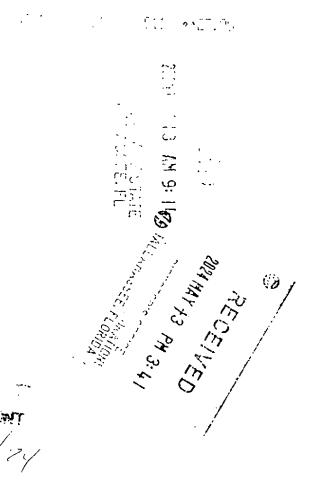


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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAVEN FOX CAPITAL LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L24000204124}{L24000204124}$.	y were filed on 05/06/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility 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)		;
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		7
Enter new mailing address, if applicable:		- 1
Mailing address MAY BE A POST OFFICE BOX)		m F
Stating dadress MAT BE A FOST OF FICE BOAT	·	
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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>	<u>Address</u>	Type of Action
AMBR	Tammy Baranowski	1512 MILBROOK CT	□Add
		FLEMING ISLAND, FL 32003	□Remove
			= Change
			□Add
			□Remove
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ective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's	ate of filing: e specific and cannot be prior to date of fil to does not meet the applicable statuto irtment of State's records.	(optional) ing or more than 90 days after filing. rry filing requirements, this date) Pursuant to 605.02 will not be listed
cord specifies a delayed effective d s filed.	ate, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) Th	e 90th day after th
ed May 13	2024		
/S/ Tammy Bara	anowski gnature of a member or authorized repres	antativa of a number	