

# L24000329085

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

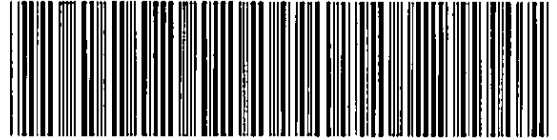
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



300434338683

08/08/24--01017--002 \*\*25.00

8/14/24  
KH

2024 AUG -8 PM 1:37  
SEC. CLERK OF STATE  
TALLAHASSEE, FL

FILED



LAW OFFICES OF  
**JOHN J MCGLYNN III**  
BUSINESS • TAX • REAL ESTATE

729 SW Federal Highway, Suite 102  
Stuart, Florida 34994  
(772) 600.5115  
SouthFLLawFirm.com

August 6, 2024

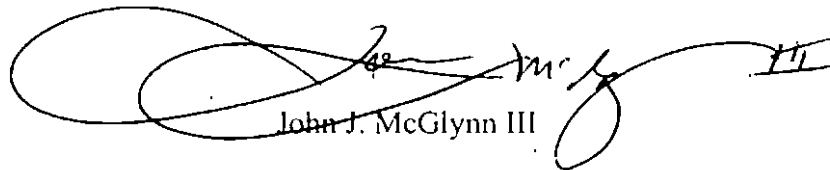
Florida Department of State  
Division of Corporations  
Registration Section  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Raza Holdings One LLC and Raza Holdings Two LLC – Articles of Amendment to Articles of Organization

Dear Corporate Representative:

Enclosed please find Articles of Amendment to Articles of Organization for Raza Holdings One LLC and Raza Holdings Two LLC along with the appropriate fee. Please process this as soon as possible and/or contact my office with any questions or concerns.

Best Regards,



John J. McGlynn III

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Raza Holdings One LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Capozzi

Name of Person

Law Offices of John J. McGlynn, III

Firm/Company

729 S.W. Federal Highway, Suite 200

Address

Stuart, Florida 34994

City/State and Zip Code

dcapozzi@southflawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Capozzi

Name of Person

at ( 772 ) 600-5115

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 AUG -8 PM 1:38  
STATE OF FLORIDA  
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Raza Holdings One 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 July 24, 2024 and assigned  
Florida document number L24000329085.

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*

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 Changing Registered Agent, Signature of New Registered Agent**

FILED  
JUL 26 - 8 PM 17:39  
CLERK OF STATE  
TALLAHASSEE, FL

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**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Blank lines for amending information.

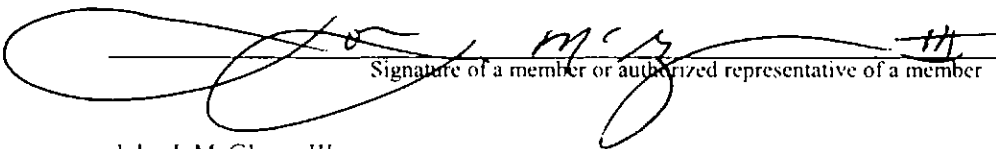
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 filed.

Dated August 6, 2024

  
Signature of a member or authorized representative of a member

John J. McGlynn, III

Typed or printed name of signer

FILED  
2024 AUG -8 PM 1:39  
SEC. OF STATE  
TALLAHASSEE, FL