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## **COVER LETTER**

TO:

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SUBJEC	·1:	Name of Lim	ited Liability Company	_ <del>_</del>
The encle	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Il correspondence concerning this matter to the following:  Tarremee Rausaw  Name of Person  Rausaw Retail  Firm/Company  11972 Helicon Avenue  Address  Port Charlotte, FL 33981  City/State and Zip Code  Causaw (Ltail and Zip Code  E-mail address: (to be used for fahre annual report notification)  ormation concerning this matter, please call:  saw  170  8770203  Area Code  Daytime Telephone Number  check for the following amount:  ling Fee S30.00 Filing Fee & Certificat of Status Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Street Address:  Registration Section  Division of Corporations  Box 6327  The Centre of Tallahassee		
		Tarremce Rausaw		
			Name of Person	
		Rausaw Retail  Name of Limited Liability Company  Articles of Arnendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Tarremee Rausaw  Name of Person  Rausaw Retail  Firm/Company  11972 Helicon Avenue  Address  Port Charlotte, FL 33981  City/State and Zip Code  Current address (to be used for fahre annual report notification)  formation concerning this matter, please call:  usaw  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  filing Fee  \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Ling Address:  gistration Section  Division of Corporations  Division of Corporations  Division of Corporations  Division of Corporations  The Centre of Tallahassee, PL 32314  2415 N. Monroe Street, Suite 810		
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		Port Charlotte, FL 33981		
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		Cousow (L+) E-mail address: (		
For furth	er information co	oncerning this matter, please c	all:	
Тагтепсе	Rausaw		at ()	
	Name of	Person	Area Code Daytime Telephone N	lumber
Enclosed	is a check for the	e following amount:		
<b>\$25</b> .	00 Filing Fee		Certified Copy Ce (additional copy is enclosed) Ce	rtificate of Status & rtified Copy
	Registration S Division of Co P.O. Box 632	ection orporations	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rausaw Retail LLC		
(Name of the Lim	ited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
_	Liability Company were filed on 08/27/2024	and assigned
orida document number L24000376863	·	
his amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		·- N
Mailing address MAY BE A P <u>OST OFFIC</u>	E BOX)	24 H.II V 26
		¥ 2
	registered office address on our records, <u>e</u>	nter the name of the new regist
gent and/or the new registered office addr	ess here:	유음 및
Name of New Registered Agent:	Tarrence Rausaw	
New Registered Office Address:		
now registered office / radioss.	Enter Florida street d	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

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	Tarrence Rausaw		□Add
			\bullet Change
MGR	Courtne Rausaw		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		<del></del>	Remove
			□Change
			□Add
			□ Remove

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