L24 000 475 616

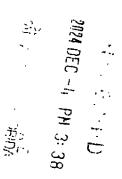
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
_	(Document Number)
Certified Conies	Certificates of Status
Commed Copies	
Special Instructions to	Filing Officer:





000440565130

000440565130 12/05/24--01003--002 #25.00



COVER LETTER

CIID IL	C Rays Au	tomotive Llc		
SUBJEC	-li <u> </u>	Name of Lin	nited Liability Company	
The encl	Division of Corporations C Rays Automotive Lle Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Thomas Raymond Name of Person C Rays Automotive Lle/dba Emerald Coast Auto Brokers Firm/Company 3154 Gulfbreeze Pkwy Address Gulfbreeze Fl 32563 City/State and Zip Code cray 1228@yuboo.com F-mail address: to be used for future annual report notification) or further information concerning this matter, please call: homas Raymond Name of Person Area Code Area Code S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			
			<u>-</u>	
		Thomas Raymond		
		-,84	Name of Person	
		C Rays Automotive Lle/dl	ba Emerald Coast Auto Brokers	
			Firm/Company	
		3154 Gulfbreeze Pkwy		
			Address	
		Gulfbreeze Fl 32563		
			City/State and Zip Code	-
For furthe	er information c		•	ification)
		one on the contract of the contract of		
 -		f Person	at ()	u Talanhana Namhar
			rica Cont Daytini	ac reseptione (variabe)
Enclosed	is a check for th	ne following amount:		
€ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			· · · · · · · · · · · · · · · · · · ·	ction
	P.O. Box 632 Fallahassee, F		The Centre of T	allahassee
	i ananassee, f	D 04014	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C Rays Automotive Llc		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears of Limited Liability Company)	1 our regords.)
The Articles of Organization for this Limited Liability Co Florida document number L24000475616	ompany were filed on 11-12-	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the desig	nation "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 reco	rds, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent a		acity. I further agree to comply with

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	Thomas C Raymond	1920 Morella St Navarre Fl 32566	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Chango

					<u> </u>
		·			
					
		<u> </u>			
				·	
		· -			
					
				-	
		 -			
				**	
		<u>. </u>	<u> </u>		
				<u> </u>	_
					<u></u>
ective date, if other than the effective date is listed, the date in this ument's effective date on the	DIOCK does not meet t	he applicable statu	filing or more than 90 story filing requires	(optional) days after filing.) Purs nents, this date will i	uant to 605.020 not be listed a
cord specifies a delayed effects filed.	ive date, but not an ef	Tective time, at 12	:01 a.m. on the ear	lier of: (b) The 90th	h day after the
ed	201	24	/	7	
The	onner L	1 / Can	mont	/	
	Signature of a member	er or authorized repr	esentative of a memb	ег	
		•	~	^	

Filing Fee: \$25.00