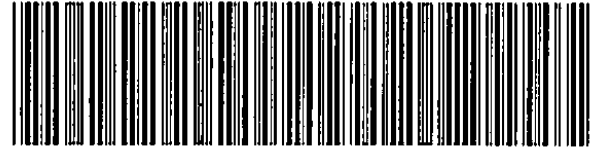


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06/18/19--01027--002 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

Amend

DEPT. OF CORPORATIONS
19 JUN 19 AM 9:17

JUN 27 2019

D CUSHIP

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAVENS FC, 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:

Pablo L. Cejas

Name of Person

Aquarius Capital, LLC

Firm/Company

2199 Ponce De Leon Blvd, Suite 500

Address

Coral Gables, FL 33134

City/State and Zip Code

nlecejas@aquariuscp.com

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

For further information concerning this matter, please call:

Marilyn Wellman

786 473-1951

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 JUN 18 AM 9:17

FILED IN 19361000

**TO
ARTICLES OF ORGANIZATION
OF**

RAVENS FC, 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 05/22/2019 and assigned Florida document number L19000137719.

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)

2199 Ponce De Leon Blvd

Suite 500

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 104611

Coral Gables, FL 33114

B. If amending the registered agent and/or registered office address on our records, enter the name of 1 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Aquarius Capital, LLC

New Registered Office Address:

2199 Ponce De Leon Blvd, Suite 500

Enter Florida street address

Coral Gables

Florida 33114

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Act</u> |
|--------------|-----------------------|---|---|
| MGR | Livio De La Rosa | 700 Euclid Avenue, Apt. 308 Miami Beach, FL 33139 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| MGR | Aquarius Capital, LLC | 2199 Ponce De Leon Blvd, #500 Coral Gables, FL 33134 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| AMBR | Pablo L. Cejas | 2199 Ponce De Leon Blvd, #500 Coral Gables, FL 33134 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

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 605.020
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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 June 13 , 2019

Signature of a member or authorized representative of a member

Pablo L. Cejas

Typed or printed name of signee