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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(Bi	usiness Entity Name)	
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(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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COVER LETTER

Division of Corporations		
SUBJECT: Raptor Wear, 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:		
Serge de Winter (Name of Person)		
Raptor Wear (Firm/Company)		
630 Rock Hill Ave		
Davia El 2222E		
Davie, FL 33325 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Serge de Winter at (954) 495-8088		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} S55.00 Filing Fee & Certificate of Status & Ce		
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MAILING ADDRESS: STREET/COURIER ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		
Tallahassee, FL 32314 2001 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	Raptor Wear			
***	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on 12/18/06 and assigned document number 121806			
SECOND	: This amendment is submitted to amend the following:			
	I would like to change the name of my LLC from Raptor Wear to Medical S	Safety		
	Solutions.			
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	<u></u>	DRIDA DRIDA		Harrist S.
Dated D	December, 12 , 2006 .			
	Signature of a member or authorized representative of a member			
	Serge de Winter			
	Typed or printed name of signee			

Filing Fee: \$25.00