

67000097451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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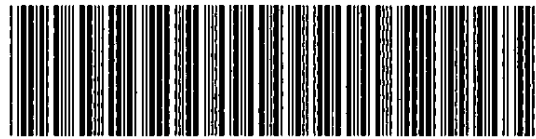
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

AUG 18 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Raven's Elysium, 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:

Kelly Sommers

(Name of Person)

The Power of Three, LLC

(Firm/Company)

4613 N. University Drive, #575

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Sommers

(Name of Person)

at ( 561 ) 676-8765

(Area Code & Daytime Telephone Number)

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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

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

Raven's Elysium, 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 09/25/2007 and assigned  
Florida document number L07000097451.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The Power of Three, LLC

The new name must be distinguishable and end with 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)**

4613 N. University Drive, #575

Coral Springs, FL 33067

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4613 N. University Drive, #575

Coral Springs, FL 33067

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**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:

Kelly Sommers

New Registered Office Address:

4613 N. University Drive, #575

*(Enter Florida street address)*

Coral Springs, FL 33067

*(City)*

, Florida 33067

*(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

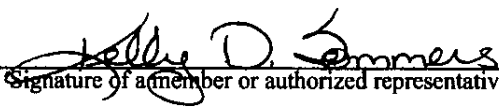
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PCEO	Kelly Sommers	4613 N. University Drive, #575 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
JVP	Justin Sommers	4613 N. University Drive, #575 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
JVP	Alexis Sommers	4613 N. University Drive, #575 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
SVP	Patricia L. Raniero	6615 Boynton Beach Boulevard, #222 Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
JVP	Justin Sommers	6615 Boynton Beach Boulevard, #222 Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
JVP	Alexis Sommers	6615 Boynton Beach Boulevard, #222 Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated August 11, 2008.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Kelly Sommers  
 \_\_\_\_\_  
 Typed or printed name of signee