LD8000015405

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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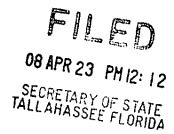
TO: Registration So Division of Co			
SUBJECT: RAIDEN	I ENTERPRISES LLC		
,	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LARRY E. COLLINS		
		(Name of Person)	
	RAIDEN ENTERPRI	SES LLC	
		(Firm/Company)	
	10700 CARIBBEAN	BLVD STE 104	
		(Address)	
	CUTLER BAY, FLO	RIDA, 33189	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
LARRY E. COLLII		at (786) 419-5442	
(Name	of Person)	(Area Code & Daytime T	Felephone Number)
Enclosed is a check for t	he 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**



RAIDEN ENTERPRISES LLC (Name of the Limited Li (A FI	ability Company as it now appears on or orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number <u>L08000015905</u>	ility Company were filed on <u>02-13-20</u>	2008 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	,
The new name must be distinguishable and end with t 'L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re	
Name of New Registered Agent:		
New Registered Office Address:	(Enter Fl	orida street address)
	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	zistered 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)

ā

MGR = Manager

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:

MGRM =	Managing Member	·	
Title .	<u>Name</u>	Address	Type of Action
MGR	LARRY E. COLLINS JR.	10700 CARIBBEAN BLVD STE 104 CUTLER BAY, FLORIDA, 33189	Add Remove
MGRM	EDDIE WILCOX JR.	10700 CARIBBEAN BLVD STE 104 CUTLER BAY, FLORIDA, 33189 MGRM	Add Remove
MGRM_	KWANE STOKES	10700 CARIBBEAN BLVD STE 104 CUTLER BAY, FLORIDA, 33189	Add Remove
,			Add Remove
			Add Remove
			Add Remove
D. If amer —	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	OS APR 23 PH SECRETARY OF
_			STATE FLORIDA
Dated	April 16 , 20	Las	
	LARRY E. COLLINS JR.	d or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00