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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO: Registration Sec Division of Cor			
Division of Corp	porations		•
SUBJECT: Raptor, LL	C		
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Patrick S Free		
		Name of Person	
	Raptor, LLC		
		Firm/Company	
	1615 S. Congress Avenu	e - Suite 103	
		Address	
	Delray Beach, FL 33445		
		City/State and Zip Code	
	shawnfree@concreteserv		· · · · ·
		to be used for future annual report noti	neation)
For further information co	oncerning this matter, please co	all:	
Patrick S Free		at (561) 742-3049	
Name of	Person		e Telephone Number
Enclosed is a check for th	e 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 Taliahassee, 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

Raptor, LLC				
(Name of the Limite	d Liability Company A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Lia			and assigned	
Florida document number <u>L09000016760</u>	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	1615 S. Congress Avenue - Suite 10	3	
(Principal office address MUST BE A STREET ADDRESS) Delray Beach, FL 33445				
Enter new mailing address, if applicable:		Same As Above		
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
B. If amending the registered agent and/o	r registered offi	ce address on our records, <u>ent</u>	er the name of the ne	<u>:w</u>
registered agent and/or the new registered offi	<u>ce address nere:</u>			
Nama of Naw Booistand Agent	N/A		30.5	
Name of New Registered Agent:			22 E 11	
New Registered Office Address:	1615 S. Congres	s Avenue - Suite 103	25 E	
		Enter Florida street address	COS ← FT	
	Delray Beach	, Florida	33445 E	
		City	ZipiSode	
New Registered Agent's Signature, if changing Re	gistered Agent:		를 따	

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.

N/A
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
N/A			
			□ Remove
			☐ Change
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Effective date, f an effective date	if other than the is listed, the date mus	date of filing: st be specific and c	annot be prior to o	late of filing or mo	ce than 90 days after	nal) filing.) Pursuant to 60)5.0 2 0
	e inserted in this bl ctive date on the D			e statutory filing	requirements, this	date will not be lis	sted a
	ecifies a delayed ay after the rec		te, but not a	ın effective tiı	ne, at 12:01 a	.m. on the earl	iier c
Dated July 9th		- ;	2015	· p			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00