L11000060303

(Req	uestor's Name)		
(Addi	ress)		
- (Addi	ress)		
(City/	State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Busi	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

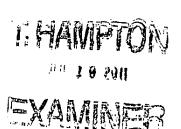
Office Use Only



100209357961

06/27/11--01035--024 **60.00

11 JUL 18 PM 4: 12



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Rame 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:			
Rick Lopez Name of Person			
Ravensway LLC			
6140 NW 1454	Au. Rd.		
Morriston, Fl. 32 City/State and Zip Code Ravensway @ Emb E-mail address: (to be used for future annual re	arg mail. com eport notification)		
For further information concerning this matter, please call:			
Rick Lopez at (352) S Name of Person Area Code	572-9190 & Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is	Certificate of Status &		

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



RECEIVED

11 JUL 18 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2011

RICK LOPEZ 6140 NW 145TH AV RD MORRISTON, FL 32668

SUBJECT: RAVENSWAY LLC Ref. Number: L11000060303

We have received your document for RAVENSWAY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00015587

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED -SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUL 18 PM 4: 12

Ravenswa	4 LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on ou	r records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{5/2}{}$	o/11 and assigned	
Florida document number <u>L11060060303</u>	·	,	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited lia	ability company here:		
Rick Lager Training Sta	thes ILC		
Rick Lopez Training Sta The new name must be distinguishable and end with the words "Lin" "L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDRESS)			
	1		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.		ords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:		 	
	Enter Florida street address		
,		_, Florida	
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00