

L110000140680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

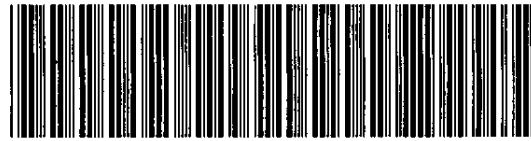
(Business Entity Name)

(Document Number)

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05/14/12--01026--007 **30.00

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2012 MAY 14 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAY 15 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAIG CONSTRUCTION & CARPENTRY 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:

RAUL ALVAREZ
Name of Person

RAIG CONSTRUCTION @ CARPRNTRY LLC
Firm/Company

9328 NW 13TH STREET DORAL FLORIDA 33172
Address

DORAL FLORIDA 33172
City/State and Zip Code

RAIGCONSTRUCTION@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL ALVAREZ at (**305**) **5052461**
Name of Person 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**

RAIG CONSTRUCTION & CARPENTRY 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 12/15/2011 and assigned Florida document number L11000140680.

This amendment is submitted to amend the following:

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

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)

9328 NW 13TH STREET #15

DORAL FLORIDA 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9328 NW 13TH STREET #15

DORAL FLORIDA 33172

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 TALLAHASSEE, FLORIDA

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:

RAUL ALVAREZ

New Registered Office Address:

9328 NW 13TH STREET #15

Enter Florida street address

DORAL

, Florida

33172

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

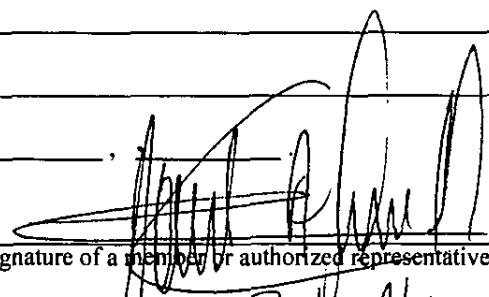
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BENJAMIN GREENSTEIN	9328 NW 13TH STREET #15 DORAL FLORIDA 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOSE BRITO	9328 NW 13TH STREET #15 DORAL FLORIDA 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CARLOS FALCONI	250 CATALONIA AVE SUITE 404 CORAL GABLES FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Add
 Remove
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Dated 05/09/2012



Signature of a member or authorized representative of a member

RAUL ALVAREZ

Typed or printed name of signee