

L12000097628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

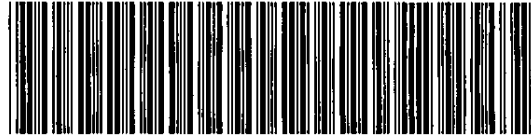
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

OCT 10 2014
T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RAPTOR EXPRESS 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:

OLGA MORGADO

Name of Person

MONTES XPRESS LLC

Firm/Company

4955 NW 199 STREET LOT 373

Address

MIAMI GARDENS, FLORIDA 33055

City/State and Zip Code

MONTESXPRESS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

OLGA MORGADO

Name of Person

at **786 447-2214**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RAPTOR EXPRESS LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GONZALEZ, LILIANITH	11880 SW 19 TERR APT 119	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input checked="" type="checkbox"/> Remove
MGR	GONZALEZ, MARCOS	11880 SW 19 TERR APT 119	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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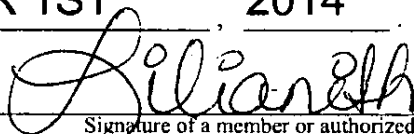
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 1ST, 2014



Signature of a member or authorized representative of a member

LILIANITH GONZALEZ

Typed or printed name of signer

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TALLAHASSEE, FLORIDA