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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)

For further information concerning this matter, please call:

OLGA MORGADO

,786 ,447-2214

Name of Person

Area Code

Daytime Telephone Number

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

RAPTOR EXPRESS 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 7/30/2012 and assigned Florida document number L12000097628 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 abific viation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 Title **Address Type of Action** Name MGR 11880 SW 19 TERR APT 119 GONZALEZ, LILIANITH □ Add MIAMI, FLORIDA 33175 **MGR** 11880 SW 19 TERR APT 119 GONZALEZ, MARCOS Add MIAMI, FLORIDA 33175 ☐ Remove Remove : ☐ Remove ☐ Add ☐ Remove □ Add □ Remove

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| date this document is filed by the Florida Department of State) OCTORER 1ST 2014 | (optional) be more than 90 days after |
| date this document is filed by the Florida Department of State) OCTOBER 1ST 2014 | (optional) be more than 90 days after |
| ed OCTOBER 1ST 2014 Signature of a member or authorized representative | |
| date this document is filed by the Florida Department of State) ed OCTOBER 1ST 2014 Signature of a member or authorized representative LILIANITH GONZALEZ | |
| ed OCTOBER 1ST 2014 Signature of a member or authorized representative | |
| Signature of a member or authorized representative | |

Page 3 of 3

Filing Fee: \$25.00