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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AND  
FILED  
14 JAN - 3 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAGING TIGER, 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:

BRANDON STANKO

Name of Person

The Coryell-Quachita Group, LLC

Firm/Company

4000 St. John's Ave., Suite 39

Address

Jacksonville FL 32205

City/State and Zip Code

Corp. notices @ Coryellenergygroup.com

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

For further information concerning this matter, please call:

Brandon Stanko

Name of Person

at ( 904 ) 381-8768

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

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JAN -3 PM 2:55  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RAGING TIGER, 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 10 April 2013 and assigned  
Florida document number 213000653015.

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)

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:

BRAWDON STANKO

New Registered Office Address:

4000 ST JOHNS AVE, SUITE 39

Enter Florida street address

Jacksonville

City

Florida

32205

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 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.

Brawdon Stanko

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
A. Mem	Decisive Explorer, LLC	4000 ST JOHNS AVE	<input checked="" type="checkbox"/> Add
		SUITE 39	<input type="checkbox"/> Remove
		JACKSONVILLE FL 32205	
A, MEM	TRIUMPH ENERGY I, LLC	4000 ST JOHNS AVE	<input checked="" type="checkbox"/> Add
		SUITE 39	<input type="checkbox"/> Remove
		JACKSONVILLE FL 32205	
Hon. Pres.	RASHA AL-EKTRUM, RASHA KOSR ARDOUN	4000 ST JOHNS AVE	<input checked="" type="checkbox"/> Add
		SUITE 39	<input type="checkbox"/> Remove
		JACKSONVILLE FL 32205	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE  
OF  
FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 03 JANUARY, 2013.

Brenda A. Stanko

Signature of a member or authorized representative of a member

BRENDON A. STANKO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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ATTORNEY GENERAL  
FLORIDA