

L14 000092762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

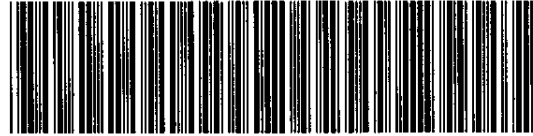
(Business Entity Name)

(Document Number)

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15 FEB -5 AM 9:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

J. Stivers FEB 12 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Raider Realty Of Opa Locka, 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:

Paul G. Schlichte, Esq.
Name of Person

Ray A. Schlichte Jr. P.A.
Firm/Company

2134 Hollywood Blvd.
Address

Hollywood, Florida 33020
City/State and Zip Code

pschlichte@schlichtelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul G. Schlichte at (954) 923-4604
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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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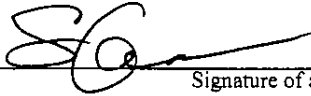
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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 February 4, 2015



Signature of a member or authorized representative of a member

Steve Obst

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 FEB -5 AM 9:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA