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05/19/15--01001--019 **25.00

Smm Jalls

TO:	Registration Sec Division of Cor				
SUBJE	CT.	Raven Pres	ss LLC		
SUBJE	<u></u>	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please i	eturn all correspon	ndence concerning this matter	to the following:		
		Tric	Name of Person		
		Raver	Press LLC Firm/Company		
		131 W. Washi	ngton St #1710		
		Minneola	FL 34755 City/State and Zip Code		
		E-mail address: (to be used for future annual report notif		
For furt	her information co	oncerning this matter, please of	all:		
Ir	na D. F	Tint	** (<u> </u>	-2473 e Telephone Number	-
Enclose	ed is a check for th	e 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 Fe Certificate of S Certified Copy (additional copy is	tatus & Son
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerural Tallahassee, FL 323	n CONTROL OF THE CONT	PH 2: 23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Raven Pr	ess LLC
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u>L14000130654</u>	y Company were filed on August 20, 2014 and assigned
This amendment is submitted to amend the following	g;
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain 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 AD	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	•
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carolyn Fracek	15630 Greater Trail	Add
	•	15630 Greater Trail Clermont, FL 34711	Remove
			Change
	 		🗖 Add
			□ Remove
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			□ Remove
			Change

ffective date, if other than the date of filing: 5-12-2015 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 foreign lift he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member					<u>,,</u>	<u>,, </u>	
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Filing Fee: \$25.00