L14000146745

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
\





500268084155

01/27/15--01005--008 **25.00



COVER LETTER

		*	₩ :
TO: Registration Sec Division of Corp			₹.
SUBJECT: Sto	ategic Tit	le, LLC	
		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Christo	pher Seltze Name of Person	2
	Strateg	ic Title, LLC	
	6787 3200	St. N.	
	Saint Peter	City/State and Zip Code Company Compa	33702
	cseltzerii	@gmail.com	
For further information co	E-mail address: (i oncerning this matter, please ca		cation)
	•	C at (727) 560 -	7531
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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

FILED 2015 JAN 27 AM II: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 9-19-14 and assigned

Florida document number L14000146745

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rapto Vision, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(A 7 8 7 3 nd St. N.

Sqint Peters burg FL 33702

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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** Name **Type of Action** AMBR Christopher M. Seltzer 6787 3nd St. N. KAdd - Keep Saint Petersburg, FL 33702 Remove AMBR Albert Sousa 13355 Park Blud. DAdd Seminole, FL 33776 MR Remove AMBR Karen Seltzer 13355 Park Blvd. DAdd Seminole, FL 33776 DRemove ☐ Add □ Remove □ Add ☐ Remove ☐ Remove

Changing to a Single owner (LLC) to:	
Changing to a Single owner (LLC) to: Christopher M. Seltzer as a single owner LLC.	
The new name of the company is Raptor Vision	LL(
no space between RaptorVision and capital"R"	
and Capital "V".	
Effective date, if other than the date of filing:	
Dated /- 22-15	
Christopher M Selter	
Signature of a member or authorized representative of a member	
Christopher M Seltzer	
Typed or printed name of signee	_

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

Page 3 of 3

Filing Fee: \$25.00

