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OCT 31 2014 J. HARRIS



ACCOUNT NO. : 12000000195					
REFERENCE : 327242 8016027					
AUTHORIZATION :					
COST LIMIT : \$ 25.00					
ORDER DATE: October 6, 2014					
ORDER TIME : 9:55 AM					
ORDER NO. : 327242-010					
CUSTOMER NO: 8016027					
DOMESTIC AMENDMENT FILING NAME: RAYMOND C. POWE, LLC					
EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Courtney Williams EXT# 62935					
EXAMINER'S INTITALS.					

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: RAYMOND 1). POWE L.L.C. 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:						
RAYMOND D. POWE						
RAYMOND D. POWE L.L.C.						
1228 TRAIL TERRACE DR. Address						
City/State and Zip Code RAY POWE O I CLOUD COM E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
RAYMOND D. POWE at (239) 207-9313 Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

		ŧ	
Raymond C. Pov	ve, LLC	;	
(Name of the Limited Liabilit	v Company as it now appears on or Limited Liability Company)	ır records.)	
		•	
The Articles of Organization for this Limited Liability C	Company were filed on	01/2014 and assi	gned
Florida document number <u>4 /4000/53 /</u>	64	<i>t.</i>	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
RAYMOND D. POWE	LLC		
The new name must be distinguishable and end with the weel- L.L.C."	rds "Limited Liability Company," th	e designation "LLC" or the	ibbreviation
Enter new principal offices address, if applicable:			<u>va</u>
(Principal office address MUST BE A STREET ADDI	(ESS)		<u> </u>
		<u> </u>	
		0	
Enter new mailing address, if applicable:		-0	
(Mailing address MAY BE A POST OFFICE BOX)		. •	, e3 °
	····y···	** ***	7
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name o	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floa	rida 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

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>	Address	Type of Action
AMBR	RAYMOND C POWE	1228 TRAIL TERRACE DR.	Add
		NAPLES, FL 34103	X Remove
AMBR	RAYMOND D. POWE	1228 TRAIL TERRACE DR.	X Add
		NAPLES, FL 34103	Remove
			Add
			Remove TV DCT 30
			2 9 6
			Remove 5
			Add
			Remove
			Add
			Remove

D. Îf ame	ending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
-		
_		
-		
_		
-		
E. Effecti (If an effec	ive date, if other than the date of filing:	(optional) ore than 90 days after filing.) (605.0207 (3)(b)
Dated	OCTOBER 24, 2014.	
	Quymond D. Pal	Ut.
	Signature of a member or authorized rep	
	RAYMOND D. Po)WE f signee
	Page 1 of 1	

Filing Fee: \$25.00