L16 0000 65681

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JUL 08 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Raptor Constuction, LLC. SUBJECT: 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: Steven Owens Name of Person Raptor Construction, LLC. Firm/Company 783 Glouchester Steet Address Boca Raton, FL 33487 City/State and Zip Code RaptorConstructionFL@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Steven Owens Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raptor Construction, LLC.			020
(Name of the Lim			
The Articles of Organization for this Limited I Florida document number L16000065681		were filed on 04/01/2016	and assigned
This amendment is submitted to amend the fol	lowing:),
A. If amending name, enter the new name of	of the limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addres	CS .
		, FI	orida
	•	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Steven Owens	783 Glouchester Street	
		Boca Raton, FL 33487	□ Remove
			□Change
AMBR	Alessandra Owens	783 Glouchester Street	= Add
		Boca Raton, FL 33487	Remove
			□Change
AMBR	James Siebold	4201 N.W. 124th Avenue	= Add
		Coral Springs, FL 33065	Remove
			Change
			□Add
			□Remove
			☐ Change
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			□Remove
			□ Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In 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 605.0207 Note; [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. [In every dependent of the date of the da	_							
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Filing Fee: \$25.00