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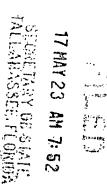
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		struction, LLC.		
SOBJE		Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Steven J. Owens		
		- ', ' ,	Name of Person	
		Raptor Construction, LLC.		
			Firm/Company	
		783 Glouchester Street		
			Address	
		Boca Raton, FL 33487		
			City/State and Zip Code	
		raptorconstructionfl@gmail. E-mail address: (to	com o be used for future annual report notifica	ation)
For fur	ther information co	oncerning this matter, please ca	ili:	,
Steven	J. Owens		561 479-6009 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
,*,*				
Enclose	ed is a check for the	e following amount:		
\$25	5.00 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

Raptor Construction, LLC.		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number 82-1539813	eany were filed on $\frac{05/09/2017}{}$	and assigned
This amendment is submitted to amend the following:		
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 I	iability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		S 20 20 20 20 20 20 20 20 20 20 20 20 20
Mailing address MAY BE A POST OFFICE BOX)		
making waters MAT BL AT OST OFFICE BOA		3
		3 5
B. If amending the registered agent and/or registered	d office address on our reco	ords, enter the name of the n
registered agent and/or the new registered office address		
Name of New Registered Agent:		
Non-Positored Office Address.		
New Registered Office Address:	Enter Florida street add	dress
		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 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

Title	Name	Address	Type of Action
MGR	Todd Malcomson	2305 North 37th Avenue	Add
		Hollywood, FL 33021	■ Remove
			☐ Change
			
			□ Remove
		- · · · · · · · · · · · · · · · · · · ·	Change
		<u></u>	Add
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and ca		2.4 6.61	(op	tional)		າະ ດາກາ
ote: If the date inserted in this block does not med	t the applicab	le statutory filir	ig requirements, the	nis date will n	ot be lis	sted as
cument's effective date on the Department of Sta	le's records.					
record specifies a delayed effective date	e, but not	an effective	time, at 12:01	a.m. on th	ne earl	lier of
The 90th day after the record is filed.						
ted May 20 TH,	RNIT					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00