117000189509

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COVER LETTER

RAVENW	ORX LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Stephen R Hunter		
		Name of Person	
	RAVENWORX		
		Firm/Company	
	108 S Arabella Way		
		Address	
	St. Johns, FL 32259		
		City/State and Zip Code	
	retnuh1337@gmail.com		 _
For further information of	concerning this matter, please c	to be used for future annual report notificall:	cation)
Stephen R Hunter		904 616-3854 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAVENWORX LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 9-06-2017	and assigned
Florida document number L17000189509		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	1	72. 7
		<u> </u>
Enter new mailing address, if applicable:		20 F
Mailing address MAY BE A POST OFFICE BOX)		2
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the r
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, i loric	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stephen R Hunter	108 S Arabella Way St. Johns, Fl. 32259	Add
			□ Remove
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ective date, if other than the date effective date is listed, the date must be: If the date inserted in this block the date on the Department's effective date on the Department.	e specific and cannot be prior to date of filing k does not meet the applicable statutory	(optional) gor more than 90 days after filing.) Pursuant to filing requirements, this date will not be l	605.02 isted
record specifies a delayed ence 90th day after the recor	effective date, but not an effecti d is filed.	ve time, at 12:01 a.m. on the ea	rlier
ed November 15	2017		
-	when KHUT	ux.	

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Filing Fee: \$25.00