L18000028724

(Red	questor's Name)	
(Add	tress)	
(Add	fress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	·
Certified Copies	Certificates	s of Status
		·····
Special Instructions to F	iling Officer:	
		}





300311094053

03/38/18--01018--019 **25.00

18 HAR 30 AM 5: 54

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

N COOPER APR 02 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Reptor Precision, LLC 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:	
WILLIAM L. RICE Name of Person	
	-
Raptor Precision, LLC	-
8541 Strom Park Dr	
Address Address	-
Melbourne FL 32940 City/State and Zip Code Raptor Precision a quail com E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Name of Person at 56/ B43-1848 Area Code Daytime Telephone Number	r
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &

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 Precis (Name of the Limited Liability (A Florida	ion, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co.	ompany were filed on <u>02/0</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEC FALL
(Principal office address MUST BE A STREET ADDR	(ESS)	HAR AHAR
		30 SSET
20.4		3 年 S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ORIDA St.
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida Zip Code
Now Projectored Agent's Signature if shanging Projectores	•	inp 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

MGR= M	g Authorized Person(s) authorized from our records: anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	WILLIAM RICE VEN	TURES, Inc. 8541 STA	SOM PARK OR Add
		MELBOURNE	FL 32940 Remove
			☐ Change
		Remove	
		Change	
			Add
	·	☐ Remove	
		☐ Change	
			
		□ Remove	
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

_			
		=	ĪΑ
_		<u>\$</u>	L AH
		MAR 30	ASS
_	,	콧	ָרָי. היי
		5:51	רטא
		; .	Z Z
_			
_			
_		···-	
_			
_			
_			
-			
DC4:	ve date, if other than the date of filing: (optional)		
an effe ote:	ve date, if other than the date of filing:		
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlie	r of
nted _.	03/28/2018 William Kille Signature of member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00