

L18000040458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

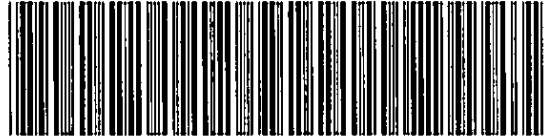
(Business Entity Name)

(Document Number)

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R. V. WHITE
MAR 30 2015

FILED
2019 MAR 20 PM 2:46
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

COVER LETTER

TO **Registration Section**
Division of Corporations

SUBJECT: RAKEN DATA GROUP, 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:

OMAR VALADEZ LOPEZ

Name of Person

RAKEN DATA GROUP, LLC

Firm/Company

16107 S.W. 154TH COURT

Address

MIAMI, FL 33187

City/State and Zip Code

OVALADEZ@RAKENDATAGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAR VALADEZ LOPEZ 786 838-5210
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RAKEN DATA GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 MAR 20 PM 2:45

The Articles of Organization for this Limited Liability Company were filed on 02/14/2018 and assigned
Florida document number L18000040458.

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 Liability 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 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
AMBR	ANTONIO A. BARRAZA FIGUEROA	CALZADA SAN PEDRO 250 - OFICINA 204	<input type="checkbox"/> Add
		COL MIRAVALLE	<input checked="" type="checkbox"/> Remove
		MONTERREY, NUEVO LEON CP 64660	<input type="checkbox"/> Change
AMBR	RAKEN CONSULTORIA Y SISTEMAS S.A. DE C.V.	CALZADA SAN PEDRO 250 - OFICINA 204	<input checked="" type="checkbox"/> Add
		COL MIRAVALLE	<input type="checkbox"/> Remove
		MONTERREY, NUEVO LEON CP 64660	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 4 2019

RCHA

 _____

Signature

Signature of a member or authorized representative of a member

ANTONIO A. BARRAZA FIGUEROA

Typed or printed name of signee