## K22000040107

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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2022 FEB 28 PM 3: 20 SEGRETARY OF STATE

A. BUTLER MAR - 9 2022

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDIC	Raven SVC	CS LLC	•	• •
SUBJE	:C1:	Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	1
Please i	return all correspo	ondence concerning this matter	to the following:	
		Cynthia Lopez		1
			Name of Person	
		Raven SVCS LLC		
			Firm/Company	
		5805 Riddle Road		
		<del> </del>	Address	
		Holiday , FL 34690		
			City/State and Zip Code	<del></del>
		ravensvcsllc@yahoo.com		
			to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please c	all:	
Cynthia	Lopez		813 424-1259 at ( )	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for th	ne following amount:		·
☐ <b>\$</b> 25	i.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 28 PM 3: 20 Raven SVCS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SEURE PARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{2/1/2022}{2}$ and assigned Florida document number 122000040107 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

## 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>	<u>Address</u>	Type of Action
MGR	Socorro Lopez	11717 Winn Road	
		Riverview, Fl 33569	■Remove
			□ Change
MGR	Cynthia Lopez	11717 Winn Road	 
		Riverview, FL 33569	□Remove
		<del></del>	☐ Change
			□Adđ
			□Remove
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ctive date, if other than the	date of filing: 1/26/2022	(o)	ptional)
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iment's effective date on the De	partment of State's records.		ı
ord specifies a delayed effective filed.	date, but not an effective time, at	12:01 a.m. on the earlier of	(b) The 90th day after the
mya,			1
February 18	2022	<b>△</b>	
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1ni	MAIN LIME	V	1
	Signature of a member of authorized i	epresentative of a member	

Filing Fee: \$25.00