

122000518955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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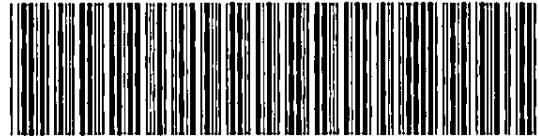
(Business Entity Name)

(Document Number)

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FALLS, ILL. 61831

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RAVEN TOOL LOGISTICS, 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:

MARK B. FISHER

\_\_\_\_\_  
Name of Person

RAVEN TOOL LOGISTICS, LLC.

\_\_\_\_\_  
Firm/Company

412 COOGLER AVE

\_\_\_\_\_  
Address

BROOKSVILLE, FL 34601

\_\_\_\_\_  
City/State and Zip Code

RAVENTOOLLOGISTICSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

MARK B. FISHER

352 232-0558  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 JUN 27  
FED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RAVEN TOOL LOGISTICS LLC

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

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 12, 2022 and assigned Florida document number L22000518955.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

6252 COMMERCIAL WAY

STE 1015

WEEKI WACHEE, FL 34613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6252 COMMERCIAL WAY

STE 1015

WEEKI WACHEE, FL 34613

**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:

N/A

New Registered Office Address:

6252 COMMERCIAL WAY STE 1015

*Enter Florida street address*

WEEKI WACHEE

Florida 34613

*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.*

N/A  
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>	<u>Type of Action</u>
AMBR	KATHERINE A FISHER	6252 COMMERCIAL WAY	<input type="checkbox"/> Add
		STE 1015	<input type="checkbox"/> Remove
		WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Change
AMBR	MARK B FISHER	6252 COMMERCIAL WAY	<input checked="" type="checkbox"/> Add
		STE 1015	<input type="checkbox"/> Remove
		WEEKI WACHEE, FL 34613	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

**Filing Fee: \$25.00**