123000400170

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| | | |
| (Ad | dress) | |
| | | |
| - 73. 1 | | |
| DA) | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| | ainen Carin, Na | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700415377577

08/11/23--01009--007 ++25.00

2023 SEP | 1 | AN 9: 28 SECREDARY OF STATE

2023 SEP 11 AN 9: 2

COVER LETTER

| Division of Cor | | | | | | |
|-----------------------------|---|---|--|--|--|--|
| Thunder Ra | aptor LLC | | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | | | | |
| | ondence concerning this matter | · | | | | |
| | Juntao Wu | | | | | |
| | | Name of Person | | | | |
| | Thunder Raptor LLC | | | | | |
| | | Firm Company | | | | |
| | 769 Placid Lake Drive | | | | | |
| | | Address | | | | |
| | Osprey, FL, 34229 | | 207 St | | | |
| City/State and Zip Code | | | | | | |
| | juntaowu88@gmail.com | | | | | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report not all: | SECRE MANAGESCE, FL | | | |
| Juntao Wu | | 518 986-3887 | ing y | | | |
| Name o | of Person | at () Area Code Daytin | e Telephone Number | | | |
| Enclosed is a check for the | he following amount: | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 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 Addres Registration | | <u>Street Address:</u> Registration Se | ction | | | |
| Division of C | | Division of Co | | | | |
| P.O. Box 632 | 27 | The Centre of T | Tallahassee | | | |
| Tallahassee. | FL 32314 | 2415 N. Monre | e Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Thunder Raptor LLC | | |
|--|---|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records. Liability Company) |) |
| The Articles of Organization for this Limited Liability Company | were filed on 08/25 2023 | and assigned |
| lorida document number 1.23000400170 | | |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liab | oility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | CRI S |
| | | 7 P |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | V 6 |
| | | <u>. 14</u> |
| | | |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, <u>enter t</u> | he name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Emer Florida street address | |
| | - | rida Zip Code |
| | 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 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> | Name | Address | Type of Action |
|--------------|-----------|--|----------------|
| CEO | Juntao Wu | 769 Placid Lake Drive, Osprey, FL. 34229 | = Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | ALL ALL | Change |
| | | | Addum |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | · · · · · · · · · · · · · · · · · · · | UChange |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | <u>U</u> Add |
| | | | □Remove |
| | | | Changa |

| | | | | | | | | | _ |
|---------|--|-------------------|----------------|----------------------|--------------------|----------------|---|--------------|----------------|
| , | | and t | | , - 1 - 1 | | | | | |
| | | | | | | | | | |
| | | <u> </u> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | S | 2 | |
| | | | | | | | TAL TAL | 123 S | |
| | | | | | | | REITAR LLI AH | - | - |
| | | | | | | | - S.K. | | , |
| | | | | | | | 쏬근 | <u> </u> | |
| | | | | | | | 四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四四 | 9: 2 | المورية |
| | | | | | | | ΙΤΪ | ထိ | |
| | | | | | - | - | | | |
| | | | | | | | _ | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | - | - | | | | |
| | | | | | | | | | |
| :ffec | tive date, if other th | ian the date o | f filing: | | | | optional) | l) | |
| Note: | ffective date is listed, the If the date inserted in | n this block doe | s not meet th | e applicable | | | | | |
| locur | ment's effective date of | n the Departme | nt of State's | records. | | | | | |
| | ord specifies a delayed | affactiva data. I | sui nat an aff | Section time | at 12:01 a.m.: | on the anglise | stizki T | See Onds | domathaetha |
| reco | na specifies a aciayea | encenve time, t | out and and en | cettre time, | at 12.171 a.iii. 1 | on me carner | | ne min | day andr the |
| | liled. | | | | | | | | |
| | filed. | | | | | | | | |
| d is f | liled. | | · | · | | | | | |
| d is f | | | | | | | | | |
| rd is f | | | | | d representative | of a member | | | |

Filing Fee: \$25.00