

L12000-124425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

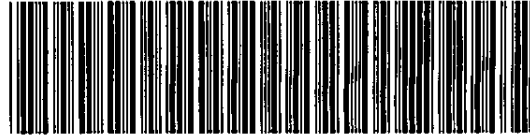
(Business Entity Name)

(Document Number)

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2015 SEP 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outgore SEP 11 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAMAX 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:

MAGNO GAIA
Name of Person
RAMAX LLC
Firm/Company
6996 PIAZZA GRANDE AVE SUITE 216
Address
ORLANDO, FL 32835
City/State and Zip Code
MAGNO@RXMFOOD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAMINI PATEL at (302) 225-0600
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

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2015 SEP 10 PM 2: 47
SHON TAYLOR, CLERK OF STATE
TALLAHASSEE, FLORIDA

RAMAX 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 09/28/2012 and assigned
Florida document number L12000124425.

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:

6996 PIAZZA GRANDE AVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 216

ORLANDO, FL 32835

Enter new mailing address, if applicable:

6996 PIAZZA GRANDE AVE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 216

ORLANDO, FL 32835

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEY TRADE CORP.	EDGEWATER	<input type="checkbox"/> Add
		GROS INLET	<input checked="" type="checkbox"/> Remove
		SAINT LUCIA	<input type="checkbox"/> Change
AMBR	MAGNO GAIA	8025 POND APPLE DR	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCO MACHADO	8678 GLYBORNE COURT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAPHAEL XAVIER	A1. PINOT, 556	<input checked="" type="checkbox"/> Add
		CONDOMINIO VILLA SOLAIA	<input type="checkbox"/> Remove
		BARUERI SAO PAULO BRAZIL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)

Multiple horizontal lines for amending information.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 10 PM 2:47

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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 SEPTEMBER 4, 2015

Handwritten signature of MAGNO GAIA

Signature of a member or authorized representative of a member

MAGNO GAIA

Typed or printed name of signee