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Division of Cor	porations	•	
* RAM GUT	TERS LLC		
		8,	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RAUL A. MENDIZ		
		Name of Person	
	RAM GUTTERS LLC		
		Firm/Company	
	12819 SW 135TH TER		
		Address	
	MIAMI, FL 33186		
		City/State and Zip Code	
	ramsllc2022@gmail.com	City/State and Zip Code	
	· -	to be used for future annual report notific	ration)
For further information c	oncerning this matter, please ca	all:	
RAUL A. MENDIZ		+1 786 - 739 - 07	
Name o	f Person	at () Area Code Daytime	Telephone Number
u.ne o	7 1 213011	,,,,,,,,,,,,	·
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	
Registration S		Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAM GUTTERS LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) /)
The Articles of Organization for this Limited Liability Company were filed on	11/01/2021 and assigned
Florida document number 1.21000471458	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
RAM MULTISERVICES GROUP LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
(Principal office address 91031 BE A STREET ADDRESS)	73 -,
-	
	2 nii n
Enter new mailing address, if applicable:	7
(Mailing address MAY BE A POST OFFICE BOX)	A CONTRACTOR OF THE CONTRACTOR
	27
B. If amending the registered agent and/or registered office address on our	r records, enter the name of the new registered
agent and/or the new registered office address here:	the state of the s
Name of Nam Bogistared Agents	
Name of New Registered Agent:	
New Registered Office Address:	
Enter I	Florida strect address
	, Florida
City	, Florida 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>	Type of Action
			□Add
			□Remove
			☐ Change
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neffective date is listed, the date tea. If the date inserted in thi	must be specific and cannot be prior to s block does not meet the applicable Department of State's records.	date of filing or more than 90 days	after filing.) Pursuant to 605.020
ecord specifies a delayed effe s filed.	etive date, but not an effective tim	e, at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
06/06 red	2023	_ :	
·		<u></u>	

Filing Fee: \$25.00

Typed or printed name of signee