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COVER LETTER

TO: Registration Se Division of Con				
RAMCIO	INVESTMENTS, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	IGNACIO IGLESIAS			
		Name of Person		
	RAMCIO INVESTMENT	S, LLC		
		Firm/Company		
	3761 S.W. 142ND AVEN	UE		
		Address		
	MIAMI, FL 33175		SEC	2015
	ignacioiglesias@earthlink.r	City/State and Zip Code	AHASI	7 T A 1: 51
	E-mail address: (to be used for future annual report i	notification)	
For further information c	oncerning this matter, please ca	all:	FLC	
IGNACIO IGLESIAS		305 343-5492 at ()	ATE ORIDA	: 51
Name o	f Person	Area Code Day	time 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)	Certified C	of Status &

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

RAMCIO INVESTMENTS, L.L.C.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11/22/2000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RAMCIO INVESTMENTS, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3761 S.W. 142ND AVEN	UE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33175	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		SECRUTARY OF STATE ords, where the new of the new ords,
Name of New Registered Agent:	_	
New Registered Office Address:	Enter Florida street ac	ddress
		, 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>	Address	Type of Action
MGR	MARTA IGLESIAS	3761 SW 142ND AVE MIAMI, FI	
			Remove
			Change
			
			Remove
			☐ Change
			Add
			☐ Remove
		Action	□ Change
		≥2	Add
		ASSEE, FL	Remove
		FLORIDA	A □ Change 52
			Add
			Remove
			Change
			□ Add
			Remove

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ive date, if other than the date of filing:	(optional)
ective date is listed, the date must be specific and cannot be prior to date of fili If the date inserted in this block does not meet the applicable statutor	ing or more than 90 days after filing.) Pursuant to 60,
ent's effective date on the Department of State's records.	y maig requirements, this date will not be his
cord specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earli
90th day after the record is filed.	·
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May 1 2015	
AAA —	

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Filing Fee: \$25.00

Typed or printed name of signee