

LD7000059943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

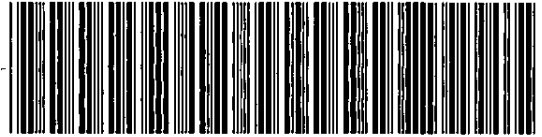
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CA. 9-30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAMOS & BENTON ENTERPRISES LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO A. RAMOS

(Name of Person)

GREEN RAIN MD ASSOCIATES, LLC

(Firm/Company)

14 Ibi's Ct. North

(Address)

PALM COAST, FL. 32137

(City/State and Zip Code)

For further information concerning this matter, please call:

GUSTAVO RAMOS

(Name of Person)

at (407) 694-0943

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2008 SEP 29 PM 4:17

RAMOS AND BENTON ENTERPRISES, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 06/7/2007 and assigned
Florida document number L07000059943.

This amendment is submitted to amend the following:

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

GREEN RAIN & ASSOCIATES LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

GUSTAVO A. RAMOS

New Registered Office Address:

14 Ibis Ct. North.

(Enter Florida street address)

PALM COAST

(City)

Florida

32137

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Gustavo A. Ramos

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 608, 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 a Non-Resident Registered Agent, Signature of Non-Resident Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

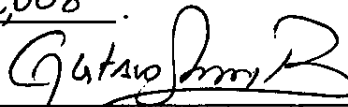
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JERRY BENTON	4967 WATER OAK LANE JACKSONVILLE, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PAUL CALTABIANO	723 Westview Dr. Minneola, FL 34715	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Sect.	LILIANE SOARES	14 Ibis Ct. North. PALM COAST, FL 32137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 17th, 2008



Signature of a member or authorized representative of a member

GUSTAVO A. RAMOS

Typed or printed name of signee

2008 SEP 29 PM 4: 8
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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