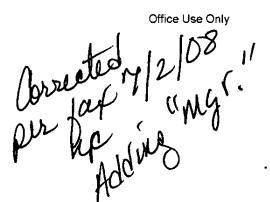
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(Re	questor's Name)			
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**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations

RAMNAUTH ENTERPRISE

(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:

IN DERJEET RAMNAUTH
(Name of Person)

CASSELBERRY CHEVRON

2995 S. US HIGHWAY

CASSELBERRY FL 32707
(City/State and Zip Code)

For further information concerning this matter, please call:

AMNAUTH at (917) 854 - 4696 (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

RAMNAUTH ENTERPRISE 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 Liabil Florida document number <u>L080005</u>	ity Company were filed or	111100	and assigned		
This amendment is submitted to amend the followir	g:				
A. If amending name, enter the new name of the	limited liability compan	<u>v here</u> :			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	Company," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable	<u></u>		8 SE		
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	a		FILED JN 30 PM 3: 39 TARY OF STATE HASSEE, FLORIDA		
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:	INDERJE	ET RAN	NAUTH		
New Registered Office Address:	2995 5 U	5 HAHW f (Enter Florida street	ry 1792		
/ -	CASSELBE	RRY_, Florida	32707 (Zip Code)		
New Registered Agent's Signature, if changing Regis	tered Agent:		(Zip Coue)		

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 Changing Registered Agent, Signature of New Registered Agent)

MGRM = Managing Member

MGR = Manager

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:

<u>Title</u>	Name	Address	Type of Action
MAR	INDERJEET RAMNAUTH	2995 5 US HAHY 1792 CASSELDERRY FU 32707	Add Remove
			Add Remove
·	<del></del>		Add Remove
	,		Add Remove
<u></u>			Add Remove
D. If ame	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
-		·	- <b>-</b>
- -	10/20 105	2	<del>-</del> -
Dated	Index set	Ramauth or authorized representative of a member	
		AMNAUTH or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00