

LB9000021977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

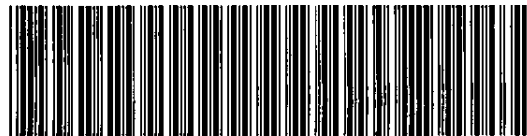
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE
APR - 5 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L&R RAM, 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:

RANDOLPH RAMTAHAL

Name of Person

Firm/Company

11225 TAMIAMI TRAIL EAST

Address

NAPLES, FL 34113

City/State and Zip Code

christina.robinson@ttpginc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDOLPH RAMTAHAL

Name of Person

at (239)

732-5442
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

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

Mar 30 11 07:52p

Tax Professional Group

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

L&R RAM, 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 MARCH 5, 2009 and assigned Florida document number L09000021977.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11339 TAMiami TRAIL EAST

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34113

Enter new mailing address, if applicable:

11225 TAMiami TRAIL EAST

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34113

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:

JOHN BOLAN

New Registered Office Address:

875 102ND AVENUE NORTH

Enter Florida street address

NAPLES

Florida

34108

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 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.

John Bolan
If Changing Registered Agent, Signature of New Registered Agent

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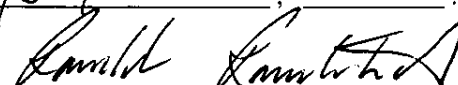
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BILL F. RAULERSON	912 JANE STREET BLACKSHEAR, GA 31516	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RANDOLPH RAMTAHAL	8409 MALLOW LANE NAPLES, FL 34112	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 03/30/11, 2011


Signature of a member or authorized representative of a member

RANDOLPH RAMTAHAL

Typed or printed name of signee