

**L110000017904**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

**AUG 18 2011**

**EXAMINER**

Office Use Only



**600211043976**

08/17/11--01005--009 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 17 PM 4:05

**FILED**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

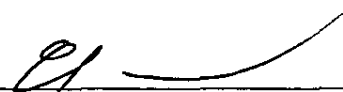
I enclose Duplicates of the Articles of Amendment for **Rampify LLC**, a domestic LLC.

Please file the attached Articles and return Proof of Filing and the requested Certified Copy to the below address.

Payment for the required fees is enclosed (\$55.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,



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Chris Mershon  
MyNewCompany.com, Inc.  
187 E. Warm Springs Rd., Suite B  
Las Vegas, NV 89119  
702-362-2677

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Rampify 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:

Chris Mershon

(Name of Person)

MyNewCompany.com, Inc.

(Firm/Company)

187 E. Warm Springs Rd., Suite B

(Address)

Las Vegas, NV 89119

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Mershon

(Name of Person)

at ( 702 ) 362-2677

(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

**FILED**  
11 AUG 17 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Rampify 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 February 10, 2011 and assigned  
Florida document number L11000017904.

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:

1844 N Nob Hill Rd., #436

(Principal office address MUST BE A STREET ADDRESS)

Plantation, FL 33322

Enter new mailing address, if applicable:

1844 N Nob Hill Rd., #436

(Mailing address MAY BE A POST OFFICE BOX)

Plantation, FL 33322

**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:

InCorp Services, Inc.

New Registered Office Address:

17888 67th Court North

*(Enter Florida street address)*

Loxahatchee

*(City)*

Florida 33470

*(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.*

Asst. Sec.  
(If Changing Registered Agent, Signature of New Registered 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	David Schloss	2800 SW 35th Pl. Apt. 2502B Gainesville, FL 32608	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David Schloss	1730 NW 91 Ave Plantation, FL 33322	<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 8/15/2011 August 15, 2011.

David Schloss

Signature of a member or authorized representative of a member

David Schloss, Member

Typed or printed name of signee