

L11000102639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

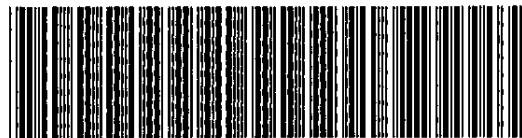
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SEP 16 2011
EXAMINER



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09/14/11--01014--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 14 AM 10:19

LAW OFFICES OF
LAWRENCE S. KLITZMAN, P.A.
1391 SAWGRASS CORPORATE PARKWAY
SUNRISE, FLORIDA 33323

LAWRENCE S. KLITZMAN
LL.M. TAXATION
ALSO ADMITTED IN NEW JERSEY

TELEPHONE 954-384-4421
FACSIMILE 954-389-3571
EMAIL LSK@KLITZLAW.COM

Via FedEx Overnight

September 12, 2011

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

Re: Articles of Amendment for Ramaco of the Treasure Coast, LLC

Dear Gentleperson:

Enclosed please find the Articles of Amendment for the Articles of Organization of Ramaco of the Treasure Coast, LLC. The assigned document number for the Articles of Organization is L11000102639.

Also enclosed is a check in the amount of \$25.00 for the Articles of Amendment filing fee.

Thank you.

Very truly yours,


Lawrence S. Klitzman

LSK:lf

w/enclosure

w/check

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SECRETARY OF CORPORATIONS
SEP 14 AM 10:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ramaco of the Treasure Coast, LLC
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 SEP 14 AM 10:19

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lawrence S. Klitzman

Name of Person

Lawrence S. Klitzman, P.A.

Firm/Company

1391 Sawgrass Corporate Parkway

Address

Sunrise, Florida 33323

City/State and Zip Code

lsk@klitzlaw.com

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

For further information concerning this matter, please call:

Lawrence S. Klitzman

Name of Person

at (954)

384-4421

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**

Ramaco of the Treasure Coast, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 14 AM 10:19

The Articles of Organization for this Limited Liability Company were filed on 09/08/2011 and assigned
Florida document number L11000102639.

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:

(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:

New Registered Office Address:

Enter Florida street address

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 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

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	Flying L, LLC	2100 SE Ocean Boulevard Suite 100 Stuart, Florida 34996, US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alvarez Family, LP	2100 SE Ocean Boulevard Suite 100 Stuart, Florida 34996, US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Marc Levine	2100 SE Ocean Boulevard Suite 100 Stuart, Florida 34996, US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Ramon Alvarez	2100 SE Ocean Boulevard Suite 100 Stuart, Florida 34996, US	<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

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

Dated September 12, 2011

Signature of a member or authorized representative of a member

Lawrence S. Klitzman
Typed or printed name of signee