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SECRETARY OF STATE
ALLAHASSEE, FLORID.

C. LEWIS MAR 1 8 2012 EXAMINER

## **COVER LETTER** Registration Section **Division of Corporations** Ramono LLC SUBJECT: 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: Ernesto Sanchez Name of Person Firm/Company 762 SW 18TH Ave Address Miami, FL 33135 City/State and Zip Code ernesto@aslantaxservice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Ernesto Sanchez** Name of Person 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

FILED

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	Ramono LLC	COOPER ASSESSED				
(Name of the Limited	Liability Company as it now appear	s on our records.)/	STATE			
(F	Ramono LLC Liability Company as it now appear Florida Limited Liability Company)	TALLMIMOSEE, P	LUNIDA			
The Articles of Organization for this Limited L	iability Company were filed on	02/17/2012	and assigned			
Florida document numberL1200002	3281					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :				
The new name must be distinguishable and end wi 'L.L.C."	th the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if applic	able:					
Principal office address MUST BE A STREE	T ADDRESS)					
	1					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	<i>BOX</i> )					
	<u></u>		<del></del>			
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter	the name of the new			
Name of New Registered Agent:	Aslan Tax Services Inc.					
New Registered Office Address:	New Registered Office Address: 762 SW 18TH Avenue  Enter Florida street address					
· · · · · · · · · · · · · · · · · · ·						
	Miami	, Florida	33135			
	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

Page 1 of 2

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>		Address		Type of Action				
MGRM	Daniel Reschi	gna	670 NE 71 Street Miami, FL 33138		☐ Add ☑ Remove				
					Add Remove				
					Add Remove				
					Add Remove				
			· ·		Add Remove				
	 		· · · · · · · · · · · · · · · · · · ·		Add Remove				
D. If ame	ending any other inform	nation, enter chang	e(s) here: (Attach additio	onal sheets, if necessary.)	_				
-					- - <sub>'S</sub>				
<del>-</del>		<u> </u>			12 MAR J				
Dated	March 7	<u> </u>			MAR 12 PH 3: 2:				
		D	or with rized representative	e of a member	22				
	Typed or printed name of signee								

Page 2 of 2

Filing Fee: \$25.00