# L12000101830

(Requestor's Name)
(Address)
(Address)
(1001-1-7)
(Cit. (Ct-)- (7) - (Dt-) 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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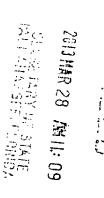


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## **COVER LETTER**

TO: Registration Section
Division of Corporations

RAMER FLOORING, 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:

Wade Ramer

Name of Person

RAMER FLOORING, LLC

Firm/Company

2519 Apache St.

Address

Sarasota, FL 34231

City/State and Zip Code

ramer913@hotmail.com

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

For further information concerning this matter, please call:

Wade Ramer

\_\_941<sub>1</sub>296-5692

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

(Name of the Limited Liability (A Florida	Company as it now appears on our record Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability C Florida document number L12000101830	Company were filed on 08/08/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company," the designa	ntion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		2813
(Mailing address MAY BE A POST OFFICE BOX)		
		28
		el con
B. If amending the registered agent and/or regis		
registered agent and/or the new registered office add	<u>ress here</u> :	
		\$\frac{1}{2} \text{\$\frac{1}{2} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1}
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

RAMER ELOORING, LLC.

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:

 $MGR = Manager \rightarrow$ MGRM = Managing Member **Type of Action Title Address** <u>Name</u> 3209 Beneva Rd., #201 **MGR** Patrick Ryan Detweiler Sarasota, FL 34232 Remove Remove Remove Remove Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dat	ted
	Wade Kamer
	Signature of a member or authorized representative of a member
	Wade Ramer  Typed or printed name of signee
	2
	Page 3 of 3

Filing Fee: \$25.00