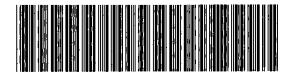
L12000102945

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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COVER LETTER

Registration Section

TO:

Division of C	Corporations			
SUBJECT:	JRAM	Properties, LLC		
Sobsider.		mited Liability Company		
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
		James C. Ramage		
Name of Person				
JRAM Properties, LLC				
		Firm/Company		
	6151 Lake Osprey Dr, 3rd Floor			
		Address		
		Sarasota, FL 34240		
		City/State and Zip Code		
	curtram E-mail address	nage@thesouthernregion.c	com otification)	
For further information	concerning this matter, please		•	
Bria	an Palmer, CPA	at (941)	922-4744	
Name	e of Person	Area Code & Day	time 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)	
Regis Divis P.O.	LING ADDRESS: Stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

JRAM Prope	erties, LLC 12 SEP 24 PM 12: 15		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000102945</u>	were filed on 08/10/2012 and as	ssigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the	abbreviation	
Enter new principal offices address, if applicable:	6151 Lake Osprey Dr		
(Principal office address MUST BE A STREET ADDRESS)	3rd Floor		
	Sarasota, FL 34240		
Enter new mailing address, if applicable:	6151 Lake Osprey Dr		
(Mailing address MAY BE A POST OFFICE BOX)	3rd Floor		
	Sarasota, FL 34240		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		of the new	
New Registered Office Address:	Enter Florida street address		
	Enter rioriaa sireet aaaress		
	, Florida		
	City Zip Coai	t	

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 **Address** Title Name Type of Action MGRM Kati Ramage 15508 Leven Links Place ✓ Add
☐ Remove Lakewood Ranch, FL 34202 ☐ Add Remove ☐ Add Remove Remove Remove ☐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 20 2012 Dated Signature of a frember or authorized representative of a member Yames C. Ramage Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00