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T. CLINE

OCT - 8 2012

EXAMINER

COVER LETTER

	stration Section sion of Corporations	
SUBJECT: _	JRAM Properties, LLC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed.	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	James C. Ramage	
	Name of Person	
	JRAM Properties, LLC	
	Firm/Company	
	6151 Lake Osprey Drive, 3rd Floor	
	Address	
	Sarasota, FL 34240	TIZ OCT
	City/State and Zip Code	
	curtramage@thesouthernregion.com E-mail address: (to be used for future annual report notification)	SSEN OF THE
For further inf	formation concerning this matter, please call:	
	Brian Palmer, CPA at (941) 922-4744 Name of Person Area Code & Daytime Telephone Number	
	Name of Person	
Enclosed is a	check for the following amount:	
☑ \$25.00 Fil	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &
Y., 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301 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

JRAM Prop	erties, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appear Liability Company)	rs on our records	<u>.</u>
The Articles of Organization for this Limited Liability Company	were filed on	0010201	2 and assigned
Florida document numberL12000102945			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compa	ny," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6151 Lake Os	sprey Dr	P2
(Principal office address MUST BE A STREET ADDRESS)	3rd Floor		THE TO
	Sarasota, FL	34240	25 2
			SSS.
Enter new mailing address, if applicable:	6151 Lake Os	sprey Dr	77.0
(Mailing address MAY BE A POST OFFICE BOX)	3rd Floor		- CO 15
	Sarasota, FL	34240	जुला द्ध
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		. F3 - I	
	Ent	ter Florida stree	t adaress
	City	, Florid	a Zip Code
	C., y		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 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	Kati Ramage	15508 Leven Links Place Lakewood Ranch, FL 34202	Add Remove
			Add Remove
			Add
			Add 72
			TAdd To
- 			—
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessar)	Remove
Dated	September 20	2012	
	1 1 1	or authorized representative of a member lames C. Ramage ed or printed name of signee	
	\	ed or printed name of signee	

Page 2 of 2

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