

L12000124425

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAMAX 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:

Kevin Rule

Name of Person

Icofin USA Inc.

Firm/Company

6 Dickinson Dr. Ste. 218

Address

Chadds Ford, PA 19317

City/State and Zip Code

mmorinigo@icofinusa.com

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

For further information concerning this matter, please call:

Kevin Rule

610 765-6008

Name of Person

at (_____) _____
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

RAMAX LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 09/28/2012 and assigned
Florida document number L12000124425

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:

RAMAX LLC

(Principal office address **MUST BE A STREET ADDRESS**)

Ave. Sarmiento 2332/1202

Montevideo 11300, Uruguay

Enter new mailing address, if applicable:

RAMAX LLC

(Mailing address **MAY BE A POST OFFICE BOX**)

Ave. Sarmiento 2332/1202

Montevideo 11300, Uruguay

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:

W. Bradley Munroe, Esq.

New Registered Office Address:

239 E. Virginia St.

Enter Florida street address

Tallahassee

Florida 32301

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 605, 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.

W. Bradley Munroe

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Worldwide Mgmt. LLC	1110 BRICKELL AVE	<input type="checkbox"/> Add
		STE 310	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	Key Trade Corp.	Edgewater	<input checked="" type="checkbox"/> Add
		Gros Inlet	<input type="checkbox"/> Remove
		Saint Lucia	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Nov. 26th , 2014



Signature of a member or authorized representative of a member

Rafael Bermudez

Typed or printed name of signee

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Filing Fee: \$25.00

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