

L12000 124425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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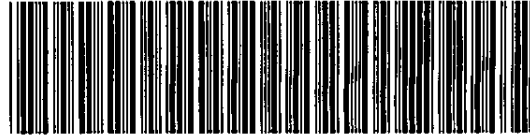
(Business Entity Name)

(Document Number)

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2015 SEP 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigore SEP 11 2015

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:

MAGNO GAIA

Name of Person

RAMAX LLC

Firm/Company

6996 PIAZZA GRANDE AVE SUITE 216

Address

ORLANDO, FL 32835

City/State and Zip Code

MAGNO@RXMFOOD.COM

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

For further information concerning this matter, please call:

KAMINI PATEL

302
at ()

225-0600

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
2015 SEP 10 PM 2: 47
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

RAMAX LLC

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

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6996 PIAZZA GRANDE AVE

SUITE 216

ORLANDO, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6996 PIAZZA GRANDE AVE

SUITE 216

ORLANDO, FL 32835

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:

New Registered Office Address:

Enter Florida street address

, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	KEY TRADE CORP.	EDGEWATER	<input type="checkbox"/> Add
		GROS INLET	<input checked="" type="checkbox"/> Remove
		SAINT LUCIA	<input type="checkbox"/> Change
AMBR	MAGNO GAIA	8025 POND APPLE DR	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCO MACHADO	8678 GLYBORNE COURT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAPHAEL XAVIER	A1. PINOT, 556	<input checked="" type="checkbox"/> Add
		CONDOMINIO VILLA SOLAIA	<input type="checkbox"/> Remove
		BARUERI SAO PAULO BRAZIL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ALBANY

2015 SEP 10 PM 2:47

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 4

2015

Signature of a member or authorized representative of a member

MAGNO GAIA

Typed or printed name of signee