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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: RAM	Name of Limi	The USES The Ited Liability Company	-
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	John I	Name of Person	
	RANDO	Est III	
	816 EAST	- 19th Auc	
	New Su	TRHA B RECLY City/State and Zip Code	FT 32169
	E-mail address: (i	to be used for future annual report notific	OV (ation)
For further information co	oncerning this matter, please ca	all:	
John R Name of	ambo Person	at (410) 917 Area Code Daytime	- 9132 Telephone Number
Enclosed is a check for the	e 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

RAMBO ENTERPR	uses III	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000663933</u>	were filed on 4 18 20	14 and assigned
orida document numberL1400063933 his amendment is submitted to amend the following: 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 "LC" or the abbreviatio		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	he abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		= 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3; S.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	City	Zip Code
Non-Doubtoned Amento Classical If changes Doubtoned Amento		

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>	Name	Address	Type of Action
4nBR	John Ranco	S16 ELST 1914 AUC	C Add
		New Smyrna beach, F 32169	□ Remove
		32169	☐ Change
			☐ Remove
			Change
			Add Remova
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lote: If	ve date, if other than the date of filing: (optional) (optional) ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be last's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.	rlier of:
ated	Au 28 , 7017	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00