14000072984

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	<u> </u>
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	





000339410630

01/22/20--01026--016 +•25.60

R. WHITE FEB 18 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: (Ch		TEST P	Ramos PLLC
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jason	Ramo of Person	·
	Caw Off	CRS of Joseph Firm/Company	n P Ramos PLIC
	306 N Rh	orles Ave, 57	te 109
	Scrasota	FC 34237	7
	F-mail address:	to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	ill:	
Jeson Ro Name of	emos Person	at (941) 306 Area Code Daytime	-2384 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 Se Division of Co	ection	Street Address: Registration Sec Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) 10: 11: 11: 11: 11: 11: 11: 11: 11: 11:
The Articles of Organization for this Limited Liability Company Florida document number <u>L/400072984</u>	were filed on Mry 05, 2014 and assigned
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 contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	306 N Rhodes Ave
(Principal office address MUST BE A STREET ADDRESS)	Ste 109 Scrasota FC 34237
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	306 N Rhades Ave Ste 109 Sarasota FC 34237
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
AMBR	Jason P Ramos	1890 Wood Hollow C	
		Sarasota FC 3423	<u>S</u> □Remove
			/A Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change

Page 2 of 3

_	
_	
-	
_	
_	· · · · · · · · · · · · · · · · · · ·
-	
-	
-	
_	
-	
_	
_	
-	
_	
-	
_	
(If an effi <u>Note:</u>	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated :	Signature—ra member of authorized representative of a member
	Tason P Ramas Typed or printed name of signee