

L14 000093489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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08/21/21
J.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Second Rama 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:

Adyari Avila
Name of Person

Second Rama LLC
Firm/Company

175 SW 7th Street Ste 2101
Address

Miami FL 33130
City/State and Zip Code

am@appis.co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adyari Avila at (786) 343 8837
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Second Rama 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 6/6/2014 and assigned Florida document number L 14000093489

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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 | Natalia Trabold | 175 sw 7 street | <input type="checkbox"/> Add |
| | | ste 2101 | <input checked="" type="checkbox"/> Remove |
| | | Miami FL 33130 | <input type="checkbox"/> Change |
| AMBR | Adyari Avila | 175 sw 7 street | <input type="checkbox"/> Add |
| | | Suite 2101 | <input checked="" type="checkbox"/> Remove |
| | | Miami FL 33130 | <input type="checkbox"/> Change |
| MGR | Adyari Avila | 175 sw 7 th street | <input checked="" type="checkbox"/> Add |
| | | ste 2101 | <input type="checkbox"/> Remove |
| | | Miami FL 33130 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

13

(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)

21

Dated August 13, 2021

Adyari Amla
Authorized representative of a member

Adyari Avila

Filing Fee: \$25.00