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SECRETARY OF STATE
DIVISION OF CORPORATION

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COVER LETTER

то:	Registration Se Division of Cor			
	Ram&Dre	LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Maria Andreina Tedoldi		·
			Name of Person	
		Ram&Dre LLC		
			Firm/Company	
		2469 Flamingo Place #6		
			Address	
		Miami Beach Florida 331-	40	
		Ramdre@outlook.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please co	all:	
Maria	Andreina Tedoldi		786 342 38 03 at ()	: Telephone Number
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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

Ram&Dre LLC			
(Name of the Limi	ted <u>Liability Company as it now app</u> (A Florida Limited Liability Compar	pears on our records.) y)	
The Articles of Organization for this Limited 1. Florida document number		02/16/2015 and assigned	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liability company	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applic	cable:	16	S
(Principal office address MUST BE A STREI		MA	<u> </u>
		2 CF	ΞŢ
Enter new mailing address, if applicable:		AT -	BY OF SIMIS
	D()V)		<u>></u>
(Mailing address MAY BE A POST OFFICE	<u></u>	9 ह	; 70.1
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, enter the name of the	new
Name of the a inglistered rigetit.	2469 Flamingo Place #6		
New Registered Office Address:		Florida street address	_
	Miami Beach	. Florida 33140	
	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.

AIChanging 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>	Address	Type of Action
AMBR	Maria Andreina Tedoldi	2469 Flamingo Place #6 Miami be:	Add
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te: If the date inserted in this block does r	not meet the applica	able statutory filing	requirements, this dat	e will not be listed
cument's effective date on the Department	of State's records.			
record specifies a delayed effective	va data ibut na	t an offective tir	me at 12:01 a.m	on the earlier
The 90th day after the record is fil		can enective th	ne, at 12.01 a.m	. On the earner
Miami Beach Horida	05/18/2018			
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Filing Fee: \$25.00