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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

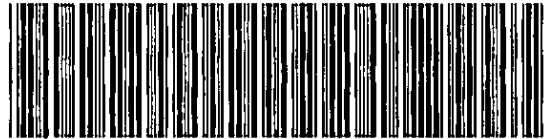
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600382092136

03/07/22--01039--013 **120.00

FILED
2022 MAR -7 AM 6:51
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 21 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3541 SW 25 ST 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:

Dawn Michael

Name of Person

Firm/Company

11317 Rosecreek Drive

Address

Moorepark, CA 93021

City/State and Zip Code

dawnm42@gmail.com

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

For further information concerning this matter, please call:

Dawn Michael

Name of Person

at (805)

Area Code

732-7847

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

FILED

2022 MAR -7 AM 6:51

3541 SW 25 ST, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/26/2015 and assigned Florida document number L15000147169.

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)

c/o Dawn Michael
11317 Rosecreek Dr.
Moore Park, CA 93021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Dawn Michael
11317 Rosecreek Dr.
Moore Park, CA 93021

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	Dawn Michael	11317 Rosecreek Drive	<input checked="" type="checkbox"/> Add
		moorepark, CA 93021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Abilio Ramos, M.D	430 Avenida de los arboles	<input type="checkbox"/> Add
		Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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 3/2, 22

[Handwritten signature]

Signature of a member or authorized representative of a member

Dawn Michael

Typed or printed name of signee

Filing Fee: \$25.00

GENERAL ASSIGNMENT

I, ABILIO RAMOS, hereby grant, assign, transfer, deed, and convey to ABILIO RAMOS and DAWN MICHAEL as the Trustees of the RAMOS - MICHAEL REVOCABLE TRUST dated May 28, 2020, all of my right, title and interest in and to all of my separate and community property, of whatsoever kind and character, whether tangible, real, personal or mixed, wherever located, and whether presently held or hereafter acquired in the future, including, but not limited to, all interest in the following:

Real estate, time-shares, oil and gas rights, mineral rights, partnerships, corporations and other business entities, cash, cash equivalents, notes, bank accounts, stocks, bonds, insurance policies, mutual funds and other investments, copyrights, patents, royalties, nonqualified deferred compensation, beneficial interest in another person's Living Trust or Estate, residential and household effects of every kind, jewelry, clothing, household furniture and furnishings, musical instruments, pictures, paintings, objects of art, books, silverware, silver pieces, rugs, linen, china, boats, motor homes and automobiles, together with any insurance policies thereon and any proceeds of these policies.

The only exceptions to the foregoing, in other words those assets not transferred hereby, are as follows:

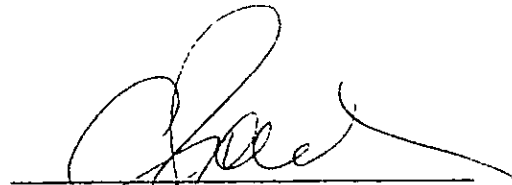
(1) Any and all property, both real and personal, held in joint tenancy between me and any other person or persons.

(2) Tax-deferred savings plans, including but not limited to the following: IRA, 401 (k), pension, profit-sharing, Keogh and qualified and non-qualified annuities.

(3) Any right, title and interest in any property which is legally forbidden from transfer to a Living Trust either by court decree, contract, or any other binding document.

(4) Any and all of my separate property which has been or is hereafter transferred to a separate property trust established by me.

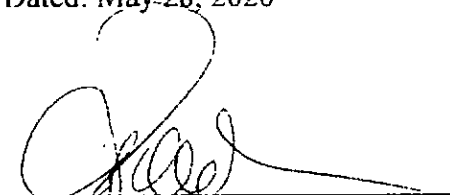

Dated: May 28, 2020


Abilio Ramos

ACCEPTANCE OF GENERAL ASSIGNMENT

The undersigned, ABILIO RAMOS and DAWN MICHAEL as the Trustees of the RAMOS - MICHAEL REVOCABLE TRUST dated May 28, 2020, hereby accept and consent to the foregoing General Assignment according to the terms and conditions thereof.

Dated: May 28, 2020


Abilio Ramos, Trustee
Dawn Michael, Trustee

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF Ventura)

On 5/28/2020 before me, Laila A. Biscaldi, a Notary
Date Insert Name and Title of the officer

Public, personally appeared Dawn Michael and Abilio Rivas

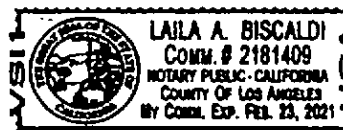
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: LAILA A. BISCALDI



OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: General Assignment Document Date: 5/28/2020
Number of Pages: 2 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signers Name: _____

- ☐ Corporate Officer – Title(s) _____
☐ Partner - ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer is Representing: _____

Signers Name: _____

- ☐ Corporate Officer – Title(s) _____
☐ Partner - ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer is Representing: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of Ventura

VENTURA, CALIFORNIA

3052022006142

CERTIFICATE OF DEATH

3202256000151

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ABILIO				RAMOS	
A.K.A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		09/06/1959		62	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CUBA		571-41-1671		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIAGE STATUS/PROX. at Time of Death		7. DATE OF DEATH mm/dd/yyyy		8. HOUR 24 hours	
MARRIED		01/09/2022		0136	
13. EDUCATION - Highest Level (Degree) (See instructions on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
PROFESSIONAL <input checked="" type="checkbox"/> YES CUBAN		<input type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
MEDICAL DOCTOR		FAMILY PRACTICE		40	
20. DECEDENT'S RESIDENCE (Street and number or location)					
11317 ROSECREEK DRIVE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
MOORPARK		VENTURA		93021	
24. YEARS IN COUNTRY		25. STATE/FOREIGN COUNTRY			
40		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip)		
DAWN MICHAEL, WIFE			11317 ROSECREEK DRIVE, MOORPARK, CA 93021		
28. NAME OF SURVIVING SPOUSE/PROX.—FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
DAWN				LEVY	
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE		33. LAST	
PEDRO		A.		RAMOS	
34. BIRTH STATE		35. LAST (BIRTH NAME)		36. BIRTH STATE	
CUBA		RAMOS		CUBA	
37. NAME OF MOTHER/PARENT—FIRST		38. MIDDLE		39. LAST (BIRTH NAME)	
EDELIRA				RAMOS	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION (CONEJO MOUNTAIN MEMORIAL PARK)			
01/22/2022		2052 HOWARD ROAD, CAMARILLO, CA 93012			
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER	
BURIAL		NOT EMBALMED			
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. DATE mm/dd/yyyy	
CONEJO MOUNTAIN FUNERAL HOME & MEMORIAL PARK		FD1375		01/18/2022	
48. SIGNATURE OF LOCAL REGISTRAR		49. DATE mm/dd/yyyy			
ROBERT M LEVIN MD		01/18/2022			
101. PLACE OF DEATH					
LOS ROBLES HOSPITAL MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> P <input type="checkbox"/> ENCP <input type="checkbox"/> DCA <input type="checkbox"/> RESIDE <input type="checkbox"/> NURSING HOME/LTC <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER					
104. CITY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
VENTURA		215 W JANSS RD		THOUSAND OAKS	
107. CAUSE OF DEATH					
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
I CARDIOPULMONARY ARREST					
II ACUTE RESPIRATORY FAILURE					
III COVID-19 PNEUMONIA					
108. DEATH REPORTED TO CORONER?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. BODILY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
HYPERTENSION, HYPERLIPIDEMIA, DIABETES MELLITUS TYPE II					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent's Attending Doctor		GEOFFREY LEE GRAHAM, MD		G39820	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
12/28/2021		1534 NORTH MOORPARK #291, THOUSAND OAKS, CA 91360		01/14/2022	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Sudden <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE mm/dd/yyyy					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
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