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K.SALY EXAMINER NOV - 6 2015

COVER LETTER

TO: Registration S Division of Co		
OTTO AN OWN	RANSPORTATION LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	ROBERT A. MORILLO	
	Name of Person	
	R.A.M. TRANSPORTATION LLC	
	Firm/Company	
	9715 NW 126 TERRACE	
	Address	
	HIALEAH GARDENS, FL 33018	
	City/State and Zip Code	
	INFO@ETAX2GO.COM	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
ROBERT A. MORILLO	O 305 965-0254 at ()	
Name	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status	of Status &

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

FILED
2015 NOV-5 PM 3:37
FALLAHASSEE, FLORIDA

R.A.M TRANSPORTATION 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 Liabi	lity Company	were filed on $\frac{08/27/2}{}$	and assigned
Florida document number L15000147329	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	2 SOUTH BISCAY?	NE BLVD STE 3200
(Principal office address MUST BE A STREET A		MIAMI, FL 33131	
Enter new mailing address, if applicable:		2 SOUTH BISCAY!	NE BLVD STE 32000
(Mailing address MAY BE A POST OFFICE BO)			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	address her	<u>e</u> :	outer the name of the new
New Registered Office Address:	N/A		
		Enter Florida st	reet address
<u>-</u>	· · · · · · · · · · · · · · · · · · ·		, Florida Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region of t	nd complete ed agent as p stered office	performance of my operovided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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
AP	AGUADA, CATHERINE M	9715 NW 126 TERRACE	□ Add
		HIALEAH GARDENS, FL 33018	Remove
			Change
			Add
			Remove
			Change
			Reffiove The SS
			SSETUT Change 3: 3: 3: 4 P. Co. Add 3: 3
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ective date, if other than the date effective date is listed, the date must be: If the date inserted in this block ument's effective date on the Department.	e specific and cannot be prior to date on the control of the contr	of filing or more than 90 days after fill	ng.) Pursuant to 605.020
record specifies a delayed e he 90th day after the recor	effective date, but not an e d is filed.	ffective time, at 12:01 a.n	ı. on the earlier
ed NOVEMBER 02	, 2015		
Dellovill	gnature of a member or authorized re		····

Page 3 of 3

Filing Fee: \$25.00