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SECRETARY BE STATE
TALLAHASSEE, FLORIDA

DEC 08 2015

S. YOUNG

COVER LETTER -

Division of Co					
Ramer Ent	erprises LLC				
SUBJECT: Name of Limited Liability Company					
	•	,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	James Ramer				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Ramer Enterprises LLC		•		
Firm/Company					
	4079 Woodview Dr				
		Address		SE SE	
	Sarasota, FL 34232			CRET.	-7-1
		City/State and Zip Code		元 元 元 元	=
	jimpony@gmail.com	6 1		7	LED
		to be used for future annual report notifi	cation)	是公司	
For further information of	concerning this matter, please o	all:		7.7.11 92.11 92.11	
James Ramer		941 343-7176 at ()			
Name o	of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ramer Enterprises LLC		
(Name of the Limited L (A F	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on 10/21/20	and assigned
Florida document number L15000187967	 ·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>
		보레 뭐 ㄲ
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Enter new mailing address, if applicable:		70 2 0
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	55 =
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		,,,
		records, enter the name of the new
registered agent and/or the new registered office	augi ess nei e.	
Name of New Registered Agent:		
New Registered Office Address:		
	g the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: of New Registered Agent: egistered 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>	Address	Type of Action
MGR	James William Ramer	4079 Woodview Dr, Sarasota, FL 3	Add
		_	☐ Remove
			Add
			☐ Remove
			☐ Change
			D Add
	•		SECONE PARAMETERS CHANGE
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fective da	ate, if other than	the date of fili	ng:		(optic	onał)	
ote: If the	date is listed, the date e date inserted in the effective date on the	is block does not	meet the applic	able statutory filii	ng requirements, this	filing.) Pursuant to 605.6 date will not be listed	0207 d as
	specifies a dela h day after the			et an effective	time, at 12:01 a	.m. on the earlie	r of
	Nov. 29	<u>i</u>	., <u>2015</u>	<u> </u>			
ated							
ated	2-	Signature of	a member or auth	orized representativ	e of a member		
ated	Q2-	Signature of	a member or auth	orized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00