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(City/State/Zip/Phone #)

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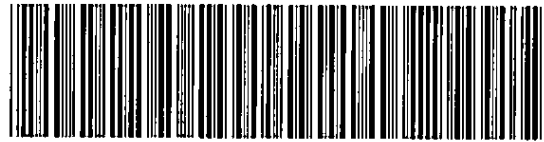
(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rama X2 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 Morales
Name of Person
Rama X2 LLC
Firm/Company
175 SW 7th St Suite 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 Morales at (786) 343-8837
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Rama X2 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 12/28/2015 and assigned Florida document number L15000213302.

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	Alejandra Aristizabal	175 SW 7 street	<input type="checkbox"/> Add
		suite 2101	<input checked="" type="checkbox"/> Remove
		Miami FL 33130	<input type="checkbox"/> Change
MGR	Natalia Trabold	175 SW 7 street	<input checked="" type="checkbox"/> Add
		suite 2101	<input type="checkbox"/> Remove
		Miami FL 33130	<input type="checkbox"/> Change
AMBR	Alyan Morales	175 SW 7 street	<input checked="" type="checkbox"/> Add
		Suite 2101	<input type="checkbox"/> Remove
		Miami FL 33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.

6/21/2019

Ans

Signature of a member or authorized representative of a member

Juan C Martinez

Typed or printed name of signee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
RAMA X2, LLC**

Pursuant to the provisions of Section 605.0202, Florida Statutes, this Florida Limited Liability Company adopts the following Articles of Amendment to its Articles of Organization.

FIRST: Amendment adopted: **ARTICLE V** of the Articles of Organization of Rama X2 LLC shall be amended as follows:

ARTICLE V

The name and address of the sole Manager is:

Title: MGR
NATALIA TRABOLD
175 SW 7th Street
Suite 2101
Miami, FL 33130

SECOND: the Articles of Amendment shall be effective when filed with the Department of State.

Signed the 30th day of April, 2019



ALEJANDRA ARISTIZABAL
Authorized Representative