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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2016

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAM 2 HOLDINGS, 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:

CARL SMITH  
Name of Person

GLOBAL DISTRIBUTION PARTNERS, LLC  
Firm/Company

831 CHARTER WAY  
Address

VACAVILLE, CA 95687  
City/State and Zip Code

carlsmith1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carl Smith at (707) 628 8057  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 2 HOLDINGS, 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 03/07/2016 and assigned Florida document number L16000046830.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GLOBAL DISTRIBUTION PARTNERS, LLC

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)**

SAME AS PRIOR

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME AS PRIOR

**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:

SAME AS PRIOR

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>
AMBR	SMITH, CARL R	2221 NE 164 <sup>TH</sup> STREET	<input type="checkbox"/> Add
		SUITE 353	<input checked="" type="checkbox"/> Remove
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Change
AMBR	RAMZ SALES AND DISTRIBUTION INC.	2221 NE 164 <sup>TH</sup> ST, SUITE 353	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL	<input checked="" type="checkbox"/> Remove
		33160	<input type="checkbox"/> Change
MGR	<del>SMITH</del> CARL R. SMITH	2221 NE 164 <sup>TH</sup> ST.	<input checked="" type="checkbox"/> Add
		SUITE 353	<input type="checkbox"/> Remove
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Change
MGR	DAVID AMAR	2221 NE 164 <sup>TH</sup> ST	<input checked="" type="checkbox"/> Add
		SUITE 353	<input type="checkbox"/> Remove
		NORTH MIAMI BEACH, FL 33160	<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

16 MAY -9 PM 2:01  
SECRETARY OF STATE  
TAEI AMASSTEL

16 MAY -9 PM 2:03  
STATION: STAFF  
INSTRUMENT: LEVEL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 10, 2016.

Signature of a member or authorized representative of a member

CARL R. SMITH

Typed or printed name of signee