

L16000138421

(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



900292315049

11/29/16--01009--007 **35.00

FILED
2016 DEC 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC 13 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2016

RAMBUS HOMES LLC
FRANK RAMIREZ
10829 GREEN TRAIL DR. S
BOYNTON BEACH, FL 33436

SUBJECT: RAMBUS HOMES LLC
Ref. Number: L16000138421

RECEIVED
2016 DEC 12 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RAMBUS HOMES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 016A00025616

*
PLS INCLUDE FILING FEE (\$25=) AND CERTIFICATE OF STATUS (\$5;
SIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAMBUS HOMES 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:

Frank Ramirez

Name of Person

RAMBUS HOMES LLC

Firm/Company

10829 Greentral Dr S

Address

Boynton Beach, FL 33436

City/State and Zip Code

rambushomes3@gmail.com

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

For further information concerning this matter, please call:

Frank or Stella Ramirez

561 413-3282
at ()

Name of Person

Area Code

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RAMBUS HOMES LLC

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

FILED
2016 DEC 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/22/2016 and assigned
Florida document number L16000138421.

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>
AMBR	Silvia Shondel	56 Karland Drive NW	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David F Ramirez	10829 Greentrail Dr S	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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

FILED
206 DEC 12 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 DEC 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 December 9th, 2016

Signature for member authorizing _____

Signature of a member or authorized representative of a member

FRANK RAMIREZ

Typed or printed name of signee