LKODIB 381

(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2016

AMIR MOSHE RAMIUS LLC 629 NORTH KEENE ROAD APT A CLEARWATER, FL 33755

SUBJECT: RAMIUS LLC Ref. Number: L16000172381

We have received your document for RAMIUS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 ca (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 116A00024736

www.sunbiz.org

COVER LETTER

		stration Sect sion of Corpo				
SUBJEC		RAMIUS LL	С			
			Name of Lim	ited Liability Company		
The encle	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	turn	all correspond	lence concerning this matter	to the following:		
			Amir Moshe			
				Name of Person		
	,		RAMIUS LLC			
				Firm/Company		
			629 NORTH KEENE RD	APT A		
				Address	2018 SEC TALL	
	CLEARWATER, FL 33755					-17
			2409310@gmail.com	City/State and Zip Code	DEC 29 ORETARY AHASSI	F
			E-mail address: (to be used for future annual report notifi		
For furth	er in	formation con	cerning this matter, please c	all:	STATE OR	0
276-744	7			727 at ()	RIDA RIDA	
		Name of P	Person	Area Code Daytime	Telephone Number	
Enclosed	l is a	check for the	following amount:			
□ \$25.0	90 Fi	ling 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

RAMIUS LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on09/15/201	6 and assigned
lorida document number	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	TALL SEC
		والمراجعة المراجعة
		DEC 29 AHASSE
Inter new mailing address, if applicable:		3SE XX
Mailing address MAY BE A POST OFFICE BOX)		= > C
		OR OR
		Dm W
If amending the registered agent and/or regist egistered agent and/or the new registered office addr	ered office address on our r ress here:	ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	,	, Florida Zip Code
	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	PERKES N, OGA N M, ISS		
		701 MADISON	■ Remove
			□ Change
MGR	ASSAF WEXLER	-	■ Add
		-	Remove
		-	Change
			Add
			☐ Remove
			☐ Change
			2018 DEC 20 Remove
			Change
			□ Remove
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	20 AR ASS
tive date, if other than the date of filing:	(optional) $\overset{QQ}{\longrightarrow}$
fective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after (Hips) Pursuant to
nent's effective date on the Department of State's records.	tory ming requirements, this date will not be
cord specifies a delayed effective date, but not an eff	ective time, at 12:01 a.m. on the ea
90th day after the record is filed.	
I <u></u>	
W	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00