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J. HARRIS

COVER LETTER ,

TO:

Registration Section
Division of Corporations

SUBJECT: RAMMEL INVESTMENTS 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:
MARITZA RAMINEZ Name of Person
RAMMEL INVESTMENTS LLC Firm/Company
2211 WINDING PLAGE AVE N
NISSIMMEE, FL 34741 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARITZA RAMINEZ at (40+) 361 - 4092 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

RAMMEL INV	ESTMENTS TO DUT record	LLC
(Name of the Limited Liability Company (A Florida Limited Liab	oility Company)	<u></u> r
The Articles of Organization for this Limited Liability Company we Florida document numberLI7000088912	ere filed on 4 21 2	ol7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y 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)	h a	• • • • • • • • • • • • • • • • • • • •
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Enter new mailing address, if applicable:		· 2
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
-		<u> </u>
B. If amending the registered agent and/or registered offic		. 0
b. It amending the registered agent and/or registered office and/or the new registered office address here:	e address on our records	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	x
		orida
	City	Zıp 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	MARTHA LUDENA	2957 SUN POINTE CT KISSIMMEE (FL 34741	II Add
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Filing Fee: \$25.00