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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		oldings, LLC			
30032	C1		ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concurning this matter	to the following:		
		Taila Klepinger			
			Name of Person		
Veil Legal, LLC					
Fim/Company 10421 S. Jordan Gateway Suite 600					
		South Jordan, Utah, 84095			
			City/State and Zip Code		
		renewals@veil.com			
		E-mail address: (to be used for future annual report notifi	ication)	
For furth	ner information co	oncerning this matter, please ca	all:		
Taila Kl	lepinger		877 313-1043		
	Name of	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	ne following amount:			
\$25.	00 Filing Fec	□ \$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



Rampart 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 May 25, 1	2017 and assigned
Florida document number L17000116023		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	ion "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:	2655 Ulmerton Road S	uite 325
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, Florida 33	762
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ut oddraer
	Cin	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	esp coue
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capact performance of my du provided for in Chapte	ties, and I am familiar with and or 605, F.S. Or, if this document is
If Char	nging Registered Agent, <u>Si</u>	nature 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	Douglas Wilkinson	2655 Ulmerton Road Suite 325	
		Clearwater, Florida 33762	□ Remove
AMBR	Douglas Wilkinson	2655 Ulmerton Road Suite 325	□ Add
		Clearwater, Florida 33762	☐ Remove
			≘ Change
			Remove
			Change
			200 JUNE 2 120 LAHASS
			SSEE FLORIDA
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ective date, if other than the d	ate of filing:		(optiona	
effective date is listed, the date must e: If the date inserted in this block	e specific and cannot be price C does not meet the appl	or to date of filing or mo icable statutory filing	re than 90 days after filir requirements, this da	ig.) Pursuant to 605,0207 (3 te will not be listed as th
ument's effective date on the Dep	artment of State's record	s.		
	ee			
record specifies a delayed he 90th day after the reco		ot an effective ti	me, at 12:01 a.m	i, on the earlier of:
,				
June 12 ed	2017			
W. 1. M.				
# 11 1 20 18 18 18 18 18 18 18 18 18 18 18 18 18	£	horized representative o		

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Filing Fee: \$25.00