L17000200657

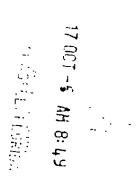
(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			"
SUBJECT:	Name of Limit	caping Company	pany LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person Scaping Com Firm/Company	
	1071 Ca	andle light E	Blud Apt D64
	Brooksvi	Me, FL 346 City/State and Zip Code	01
	E-mail address: (t	to be used for future annual report	notification)
For further information c	oncerning this matter, please ca	ıll:	
Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for the	ne 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

RAM Landscap	
(<u>Name of the Limited Liability</u> (A Florida I	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 9-27-17 and assigned
Florida document number <u>L1700020065</u>]
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(<u>Principal office address MUST BE A STREET ADDRI</u>	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	77 @C7
	20. 40
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.	ered office address on our records, enter the name of the ne ess here:
Name of New Registered Agent:	÷. Č
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Ωψ Zih Cone

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	Saul A. Zuniga	1071 Candlehight Blud	🖸 Add
		Apt D64	Remove
		Brooksville, FL 3460	1 □ Change
		- 	
			□ Remove
			Change
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ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applicable statutory filing	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective tir he 90th day after the record is filed.	me, at 12:01 a.m. on the earl
cd OCTOBER 04 2017 Ma. Durwaya. Signature of a member or authorized representative of a member of a member of authorized representative of a member of a memb	
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"Ila, Juriga.	

Page 3 of 3

Filing Fee: \$25.00