L18000074050

Office Use Only



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2024 SEP 23 AMII: 17 SECRETANY OF STATE

COVER LETTER

TO:

TO: Registration S Division of Co			
RAMNEB	LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	JEREMIAH BENNETT		
	<u> </u>	Name of Person	
	RAMNEB LLC		
		Firm/Company	
	S BLVD, UNIT 401		
		Address	
	OCALA FL 34470		
		City/State and Zip Code	
	JEREMIAH@BUILDWITH	•	35.
For further information	t-mail address: (concerning this matter, please c	(to be used for future annual report notification)	CRET
JEREMIAH BENNETI		352 687-8853 at ()	
Name	of Person	Area Code Daytime Telephone Number	MINSEP 23 MIN 17
Enclosed is a check for	the following amount:		£ 4
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing In Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is	Status & y
	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
P.O. Box 63 Tallahassee,		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMNEB LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number 1.18000074050	iability Company	were filed on 03/22/2018	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Linhi	lity Cannany "the devianation "LLC" or the	an abbraviation "L. I. C."
Enter new principal offices address, if appli		4620 E SILVER SPRINGS BLVD	se aboreviation (1.1)
(Principal office address MUST BE A STREI		UNIT 401	
		OCALA FL 34470	35
Enter new mailing address, if applicable:		4620 E SILVER SPRINGS BLVD	SEP 23
(Mailing address MAY BE A POST OFFICE BOX)		UNIT 401	0
		OCALA FL 34470	
B. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our records, <u>enter the r</u>	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	4620 E SILVE	R SPRINGS BLVD, UNIT 401	
		Enter Florida street address	
	OCALA	Florida	34470
		City	Zin 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 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
			□Remove
			□Change
			Remove
			□Change □Add □Remove □Change
			Remove □
		-	Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove

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in effective date is listed, the date must be nee: If the date inserted in this block				
cument's effective date on the Depar			in ciriciti. Timo au	e will not be timed a.
ecord specifies a delayed effective do	ite, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
is filed.				
SEPTEMBER 18	2024			
nted SEPTEMBER 18	. 2024	<u> </u>		
ated	2024 2017			
Some Some Some Some Some Some Some Some	2024 Market of a member or authorization of a member	rized representative of a r	nember	

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Filing Fee: \$25.00