

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L18000254475

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000254475 3)))



H190002544753ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PRIVATE @ LARSON ACC . COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WA RAMOS INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

19 AUG 26 PM 2:40

2019 AUG 26 PM 12:44

FILED

Electronic Filing Menu Corporate Filing Menu

T GLASS
AUG 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WA RAMOS INVESTMENT 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:

CAROLINE LARSON
Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC
Firm/Company

7901 KINGSPONTE PARKWAY STE 17
Address

ORLANDO, FL 32819
City/State and Zip Code

PRIVATE@LARSONACC.COM
E-mail address: (to be used for future annual report notification)

2019 AUG 26 PM 12:44

FILED

For further information concerning this matter, please call:

CAROLINE LARSON at (407) 370 3686
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

WA RAMOS INVESTMENT 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 07/20/2018 and assigned Florida document number 1.18000175473.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2019 AUG 26 PM 2:4
FILED
TALLAHASSEE
FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____ Florida _____

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIANA B. DE ABREU	Av Vice Pres Jose Alencar 1455	<input checked="" type="checkbox"/> Add
		Rio de Janeiro RJ 22775-033 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOCEMAR F. DE ABREU	10325 ANGEL OAK CT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 AUG 26 PM 12:44
 FILED

APPROVED
 AND
 FILED

