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COVER LETTER

Divi	ision of Corp	orations		e. .e.	
	RAMP INVESTMENT GROUP ELC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	idence concerning this matter	to the following:		
		RICARDO A. MANJARR	ES		
			Name of Person		
		RAMP INVESTMENT GE	ROUP LLC		
			Firm/Company		
		11341 IVY FLOWER LOC	OP.		
			Address		
		RIVERVIEW FLORIDA 3	33578		
			City/State and Zip Code		
		RMANJAR11@GMAIL.CO	OM to be used for future annual report no	villention)	
For further in	formation co	ncerning this matter, please or		incare,	
RICARDO A			786 343-0772		
	Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling 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)	
<u>Mail</u>	ling Address:	i ,	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMP INVESTMENT GROUP LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	_)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000189883</u>	pany were filed on 08/08/2018	and assigned
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 I	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	5)	
		1020 NOV
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		3 > 51
		<u> </u>
		5 6
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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>	Address	Type of Action
AMBR	RICARDO A MANJARRES	11341 IVY FLOWER LOOP	≡ Add
		RIVERVIEW FL 33578	_
			□Change
			□Add
			Remove
			□Change
			□ Add
			□ Remove
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fective date, if other than the dat in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be prior to does not meet the applicable	late of filing or more than e statutory filing requir	(optional) 90 days after filing.) Pursuar ements, this date will not	at to 605,0207 be listed as t
	te, but not an effective time	, at 12:01 a.m. on the e	arlier of: (b) The 90th d	ay after the
ecord specifies a delayed effective da is filed.				
is filed.	2020			
is filed. NOVEMBER 03 Ited	: 2020 : ature of a member or authorize			