· L 18000270349

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	
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February 14, 2019

KELLEY RAMIREZ 1048 N SHINE AVE. ORLANDO, FL 32803

SUBJECT: KELLEY RAMIREZ, LLC

Ref. Number: L18000270369

We have received your document for KELLEY RAMIREZ, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $\frac{3}{4}$ (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 719A00003170



January 26, 2019

KELLEY RAMIREZ 1048 N. SHINE AVE. ORLANDO, FL 32803

SUBJECT: KELLEY RAMIREZ, LLC

Ref. Number: L18000270369

We have received your document for KELLEY RAMIREZ, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 319A00001870

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpor			
SUBJECT: Kelle	Ramirez L Name of Limite	L C ed Liability Company	· ·
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	•
Please return all corresponde	ence concerning this matter to	the following:	
	Kelle	Ramire 2 Name of Person	
		*	
		Firm/Company	
	1048 N. SI	hine Ave	20 TA
	10.19.///	Address	
·	Orlando, F Kelleygistz	L 32803 City/State and Zip Code 6 Kramirez C / 1	Ving mam Line 23
	E-mail address: (to	be used for future annual report notific	ation) J
For further information con-	cerning this matter, please cal	l:	,, — —
Kelley R Name of Po	QMIVEZerson	at (<u>407</u>) <u>760-20</u> Area Code Daytime	629 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)
		F	check previously mailed
N	C ADDDESS.	STREET/COURIE	
Registrati	G ADDRESS: on Section of Corporations 6327	Registration Section Division of Corporat Clifton Building	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	MIYEZ	records)			
(A Florida Limi	ited Liability Company)	records.			
The Articles of Organization for this Limited Liability Comp	any were filed on11/20	and assigned.			
Florida document number <u>L 18000 270 369</u> .	ý.				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liahility comnany here:				
Kelley Ramire	ez PLLC				
he new name must be distinguishable and contain the words "Limited L	Liability Company," the designation				
Enter new principal offices address, if applicable:	<u></u>	<u> </u>			
Principal office address MUST BE A STREET ADDRESS	<u> </u>				
		S 7			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
	· · · · · · · · · · · · · · · · · · ·				
3. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ecords, <u>enter the name of the nev</u>			
New Registered Office Address:	\$ 17 min				
	Enter Florida street address				
	, Florida				
New Registered Agent's Signature, if changing Registered Ag	·	-			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacit lete performance of my dut as provided for in Chapter	ies, and I am familiar with and · 605, F.S. Or, if this document is			
Íf	Changing Registered Agent, Sig	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 **Type of Action Address** <u>Title</u> <u>Name</u> □ Add ☐ Remove À ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change 2019 æ □<u>¥</u>dd Remove Change ! □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change

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fective date if o	ther than the date o	of filing:		(opt	tional)	
an effective date is lis ote: If the date ins	sted, the date must be spec serted in this block doc e date on the Departme	cific and cannot be prior to as not meet the applica	o date of filing or more ble statutory filing r	than 90 days aft equirements, th	er filing.) F ais date w	Pursuant to 605.02 ill not be listed :
e record specific The 90th day a	es a delayed effec after the record is	ctive date, but not filed.	an effective tin	ne, at 12:01	a.m. or	n the earlier
	ruga 6th	. 2019	- ·			
ated <u>Feb</u>)					
ated <u>Feb</u>	1000 Signaph	ure of a member or autho	rized representative of	a member		<u>-</u>

Page 3 of 3

Filing Fee: \$25.00