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2019 MAR 18 PM 5: 29

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: REMNEST LLC.  Name of Limited Liability Company
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:
Soules Name of Person
RAMREV LLC Firm Company
2995 N.E. 163 M STR. Address
N. MIAMI FLA 38160 City/State and Zip Code
POSASOTCAMES R. RMAIL. COM. E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
James Soures at (843) 338-8129  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$30,00 Filing Fee & □ \$60,00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

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

FILED

RAMREST LLC		2019 MAR 18 PM 5:29
(Name of the Limited	d Liability Company as it now appears on our re A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Lia	bility Company were filed on Anjuan	1 of 2019 and assigned
Florida document number <u>2/9<i>0</i>006//2</u>	70	/ <i>-</i>
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
•		
B. If amending the registered agent and/o registered agent and/or the new registered off	• •	ords, <u>enter the name of the new</u>
Name of New Registered Agent:	PAULA SWORE	
New Registered Office Address:	2995 W.E. 163 K STR Enter Florida street in	ldress
	W MIAM	. Flo <b>rida <u>33/60</u></b> 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 pr removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action
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		208 Guerd Rom BLU/150W St 29910	<b>⊠</b> Remove
			Change
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	ive date, if other than the date of filing:
	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ient's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
	2 - At G M/G
	6 1/ 1 1/4-1-1
ated	<u> 3-15-7077</u>
ated	-0-15-70-f)!::
ated	- Samo ful
ated	Signature of a member of a member

Page 3 of 3

Filing Fee: \$25.00