# L19000105999

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C. GOLDEN MAY 1 4 2019

### **COVER LETTER**

TO: Registration Section Division of Corporations Division of Corporations
SUBJECT: Ram Cov 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:
Eduardo Ramirez - Corona Name of Person
Ramcor Painting UC Firm/Company
1827 36th Ave E
Palmet+0, FL 34221 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria Ramirez - Corona at (941) 467-9791  Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

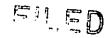
#### MAILING ADDRESS:

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



Ramcor L	C	2019 HAY -2 AM 10: 47
( <u>Same of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000105999</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Ramcor Pair The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	
	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
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	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
ated	<del>, ,,,,,,,,,,,,,</del>
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00