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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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RAMMOR LLC						
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	-		<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
				Art of Inc. File		
				LTD Partnership File		
			<u> </u>	Foreign Corp. File	_	
				L.C. File	2019	
				Fictitious Name File	. j.	*
			l	Trade/Service Mark	9 9	
				Merger File		CN CONTRACTOR
				Art, of Amend, File		Ē
				RA Resignation	. မ . မ . မ . မ	
				Dissolution / Withdrawal		
				Annual Report / Reinstatement		
				Cert. Copy		
				Photo Copy		
				Certificate of Good Standing		-
				Certificate of Status	_	
				Certificate of Fictitious Name		_
				Corp Record Search	-	
			 	Officer Search		
				Fictitious Search		
Signature				Ficitious Owner Search		
				Vehicle Search		
D				Driving Record		
Requested by: Srth	08/08/19			UCC 1 or 3 File		
Name	Date	Time		UCC 11 Search		
Walk-In	Will Pick Up			UCC 11 Retrieval		
172 Ponder's Printing - Thomseville, GA 8/00	rick op			Courier		

COVER LETTER

Pivision of Corp					
RAMMOR	RLLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	ıυ	ANITA SANKOVICH			
		Name of Person	<u> </u>		
	C	G AND G CPA' INC		2	
		Firm/Company		2019 AUG	
		1771 NE 162 STREET			
		Address	· · · · · · · · · · · · · · · · · · ·	9	
	NORT	'H MIAMI BEACH, FL 33162		AH II: 38	-
		City/State and Zip Code		ည်း မ	
		ANITA@GANDGCPA.COM			
		to be used for future annual report notifi	ication)		
For further information co	oncerning this matter, please ca	all:			
JUANITA SANKOVICI	-1	305 931-1265 at ()			
Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne 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 Filin Certificate Certified Co (additional co	of Status &	
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n		

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMMOR LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our record order Limited Liability Company)	5.)
The Articles of Organization for this Limited Liabilit Florida document number L19000184100		and assigned
Florida document number	·	
This amendment is submitted to amend the following	i :	
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 ab L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
		3 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F . Fl :) H	
	Enter Florida street address	s
	, Flo	orida
	Citv	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
AMBER	JUAN R RAMIREZ	11293 RHAPSODY ROAD HOLLYWOOD FL 33026	DAdd
			Remove
			Change
AMBER	JUAN J RAMIREZ	11293 RHAPSODY ROAD HOLLYWOOD FL 33026	
	,		☐ Remove
			Change
AMBER	ENDA R RAMIREZ	11293 RHAPSODY ROAD HOLLYWOOD FL 33026	Add
			2019hove
			Change =
AMBER	EDNA R RAMIREZ	11293 RHAPSODY ROAD HOLLYWOOD FL 33026	B Add±
			ယ ထ □ Remove
		<u> </u>	Change
			□ Remove
			□ Change
			□ Remove
			□ Change

- JUAN J. RA	MIREZ	
AMBR - ENDA R. R.	AMIREZ - FIRST NAME IS SPELLED IN CORRECT	TLY, PLEASE CORRECT TO BE
- EDNA R. R	AMIREZ	
		019
		·
		
ffective date is listed, the	an the date of filing: late must be specific and cannot be prior to date of filing or mo	(optional) ore than 90 days after filing.) Pursuant to 60
	this block does not meet the applicable statutory filing the Department of State's records.	requirements, this date will not be lis
ecord specifies a d e 90th day after th	elayed effective date, but not an effective ti ne record is filed.	me, at 12:01 a.m. on the earl
AUGUST 8,	2019	
,		
	Signature of a member of authorized representative	of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00