## 119000246493

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(Äddress)
(Address)
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## **COVER LETTER**

Division of Corpo		•	
Berami Soluti	ions LLC		
SUBJECT:	<del> </del>		
	Name of Limi	ted Liability Company	
The enclosed Articles of Ai	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter (	to the following:	
	Beatriz A. Ramos		
		Name of Person	
	Berami Solutions, LLC		
		Firm/Company	
	9042 Alexandra Cir		
		Address	
	Wellington, FL 33414		
	•	City/State and Zip Code	
	berami108@yahoo.com		
	E-mail address: (t	o be used for future annual report notifica	ation)
For further information con	cerning this matter, please ca	dł:	
Beatriz A. Ramos		561 319-8419	
Name of P	Person	at ()	elephone 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)

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

Berami Solutions LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability C Florida document number 1.19000246493	Company were filed on October 01, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	<u> </u>	- 100 B
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ado		s, enter the name of the new
tendered agent and we were regularized or regularization or regularization or regularization or		
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida street addre	<b></b>
		orida
	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>	<u>Address</u>	Type of Action
Pres	Beatriz A. Ramos	9042 Alexandra Cir. Wellington, Fl 33414	Add
			<b>□</b> Remove
			Change
AMBR	Beatriz A. Ramos	9042 Alexandra Cir, Wellington, Fl 33414	≅ Add
			Remove
			Change
			🗀 Remove
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Typed or printed name of signee

Filing Fee: \$25.00