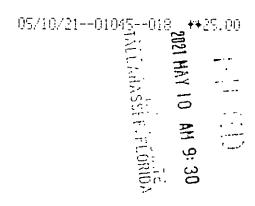
## L20000146926

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700365902257



## **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

1-1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria Ramirez		
		Name of Person	
	Ramsal LLC	Firm/Company	
		rirm/Company	
	15915 Heron Hill Street	Address	
	Clermont	City/State and Zip Code	
	mariars80@hotmail.com	to be used for future annual report noti	Či.
For further information c	oncerning this matter, please c		ncation)
Maria Ramirez		at () 4076841762	<u>.</u>
Name of Person		Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section		Registration Se Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMSAL LLC  (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	05/29/2020 and assigned
lorida document number L2000146926	
ionda document number <u>b2000140725</u>	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
	t 25
he new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	1.0
	9: 30 Lonio
nter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our	r records, <u>enter the name of the new reg</u> i
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	lorida street address
	. Florida
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>	Name	Address	Type of Action
			□ Add
			Remove
			Change
			□Add
			□ Remove
		<u> </u>	Change
	·		Add
			Change  Remove  Change
			□Remove
			□Change
			□Add
			□Removc
			Change
<del></del>			
			□Remove
			□Change

The purpose for which this company is organized is: ANY AND	ALL LAWFUL BUSINESS AS	PER T	HE	
LAWS OF THE STATE OF FLORIDA				
				<del></del>
	······		2021	
		=:	=	<del></del>
		HASSE		
		<u> </u>	7	
		<u>i : : : : : : : : : : : : : : : : : : :</u>	<u>۔۔۔۔</u>	<del></del> '
		LOR DA	 မွ	
		>		<u>.                                    </u>
			-	
fective date, if other than the date of filing:	(option		renant to	605 D20
ote: If the date inserted in this block does not meet the applicable sta	tutory filing requirements, this of	late wil	I not be	listed a
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at I	12:01 a.m. on the aurliar of: (h)	The Of	Oth day	ofter the
is filed.	12.01 a.m. on the eartier of. (0)	THE A	our day a	arier the
ated May 5				
April / Mey/	presentative of a member			_

Typed or printed name of signee