

LZI 0000 78482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

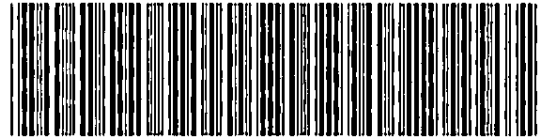
(Business Entity Name)

(Document Number)

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Handwritten signature or initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAMARIA 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:

MALROY ROY
Name of Person

RAMARIA LLC
Firm/Company

10006 CROSS CREEK BLVD
Address

TAMPA, FL, 33647
City/State and Zip Code

ramarcialla@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MALROY ROY at (207) 3181028
Name of Person Area Code Daytime Telephone 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RAMARIA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb 16, 2021 and assigned Florida document number L21 000078482

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10006 CROSS CREEK BLVD
TAMPA, FL, 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10006 CROSS CREEK BLVD
TAMPA, FL, 33647

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MALLOY ROY

New Registered Office Address:

10006 CROSS CREEK BLVD

Enter Florida street address

TAMPA

City

Florida

33647

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>	<u>Type of Action</u>
MGR	TAMALI SAHA	10806 MAIN ST	<input type="checkbox"/> Add
		TH ONOTOSASSA, FL	<input checked="" type="checkbox"/> Remove
		33592	<input type="checkbox"/> Change
MGR	HAZLITT	10006 CROSS CREEK	<input checked="" type="checkbox"/> Add
	NORONHA	BLVD, TAMPA, FL,	<input type="checkbox"/> Remove
		3364	<input type="checkbox"/> Change
MGR	MALLOY ROY	10006 CROSS CREEK	<input type="checkbox"/> Add
		BLVD, TAMPA,	<input type="checkbox"/> Remove
		FL, 33647	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Email id - ramaria LLC@gmail.com

Multiple horizontal lines for additional information.

E. Effective date, if other than the date of filing: Feb 16, 2021 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

Handwritten signature of Maloy Roy

Signature of a member or authorized representative of a member

MALROY ROY

Typed or printed name of signee