**Division of Corporations Electronic Filing Cover Sheet** 

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(((H21000295021 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAM GLOBAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

## **COVER LETTER**

TO: Registration S Division of Co		
	DBAL LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	JESSICA TORRES	
		Name of Person
	TAX CARE CELEBRAT	ION
		Firm/Company
	1400 NW 107TH AVE ST	TE 203
		Address
	SWEETWATER FL 3317	2
		City/State and Zip Code
	jessica.torres@taxcareinc.c	
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notification)
JESSICA TORRES		786 845-8854 at ( )
Name (	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc
Mailing Addre		Street Address:
Registration		Registration Section
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAM GLOBAL LLC		
(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Com	w appears on our records.) mpany)
The Articles of Organization for this Limited Florida document number L21000350569	Liability Company were filed	f on 8/3/2021 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability comp	pany here:
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	E21
Enter new mailing address, if applicable:		EZI AUS 12 MI
(Mailing address MAY BE A POST OFFICE	<u></u>	
		#E ()
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address or ess here:	our records, enter the name of the new registered
Name of New Registered Agent:	ROBERT NICASIO	
New Registered Office Address:	4193 TROPICAL ISLE BI	VD 116
-	Er	nter Florida street address
	KISSIMMEE	, Florida <sup>34741</sup>
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

DAM CLODAL LLC

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 = M AMBR = A	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		·	Change
			□Add
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			☐ Change
<del> </del>			□Add
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Effective date, if other than the date of fi	iling:	(optional)
	c and cannot be prior to date of filing or more than 90	days after (iling.) Pursuant to 605,0207
If an effective date is listed, the date must be specific Note: If the date inserted in this block does n	to theer are applicable suitably filling requires	irents, this date will not be listed as
If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department	of State's records.	<b></b>
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Note: If the date inserted in this block does undocument's effective date on the Department	of State's records.	lier of: (b) The 90th day after the
Note: If the date inserted in this block does undocument's effective date on the Department	of State's records.  I not an effective time, at 12:01 a.m. on the ear.	lier of: (b) The 90th day after the
Note: If the date inserted in this block does a document's effective date on the Department e record specifies a delayed effective date, but rd is filed.  ALIGUST 4	of State's records.	lier of: (b) The 90th day after the
Note: If the date inserted in this block does a document's effective date on the Department erecord specifies a delayed effective date, but rd is filed.	of State's records.  not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
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Note: If the date inserted in this block does not document's effective date on the Department or record specifies a delayed effective date, but rid is filed.  Dated AUGUST 4	of State's records.  not an effective time, at 12:01 a.m. on the ear	SSEE FE BAIL

Filing Fee: \$25.00