Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

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Estimated Charge	\$25.00

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COVER LETTER

TO: Registration So Division of Cor			
RAM GLO	BAL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fce(s) are sul	bmitted for filing.	100 2 3
Please return all correspo	ondence concerning this matter	r to the following:	
	JESSICA TORRES		'
		Name of Person	
	TAX CARE CELEBRAT	ION	<i>€</i> 1: 1
		Firm/Company	**************************************
	1400 NW 107TH AVE ST	ΓE 203	
		Address	
	SWEETWATER FL 3317	72	
		City/State and Zip Code	
	JESSICA.TORRES@TAX		
	E-mail address:	(to be used for future annual report not	ification)
For further information of	oncerning this matter, please o	call:	
JESSICA TORRES		786 845-8854 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
音 \$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 Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, l	EL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAM GLOBAL 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 8/3/2021 _____ and assigned Florida document number L21000350569 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: ROBERT NICASIO Name of New Registered Agent: 4103 TROPICAL ISLE BLVD 116 New Registered Office Address:

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.

KISSIMMEE

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 34741 Zip Code 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

Title	<u>Name</u>	Address	Type of Action
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an effective date is b lote: If the date in	isted, the date must be sp iserted in this block d	secific and can oes not meet	not be prior to o the applicabl	late of filing or r c statutory filu	nore than 90 days	after filing.)	Pursuant to 605.02
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Filing Fee: \$25.00

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