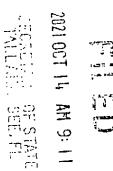
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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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A. Butter

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: ZAN	LM Services	UC			
<u> </u>		ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	ndence concerning this matter t	o the following:			
	Lene	e Mendez			
		Name of Person			
		Firm∕Company Λ			
	2313 McAr	Thur flue	<del>.</del>		
	K s	Address			
	Alva	JL 33420			
	(00 00 m) Co 0	City/State and Zip Code	com		
	E-mail address: (t	o be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	dl:			
Rene	e Mendez	at 239 ) 284	8935		
Name o			e Telephone Number		
Enclosed is a check for th	ne 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 Addres		<u>Street Address:</u> Registration Se	ction		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMM sen	rices LCC	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on orida Limited Liability Company)	our records.)
		118/21
The Articles of Organization for this Limited Liabilit	y Company were filed on	and assigned
Florida document number <u>(210003723</u>	<u>L+</u> .	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET AL	ODRESS)	
		15.514
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ds, enter the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent.	\$F-74-12	
New Registered Office Address:	Enter Florida s	de set culdrate
	Enter Ptorida s	
_	City	, Florida Zip Code
	City	Eip Conc

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.

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_		
an effec ote: If	tive date, if other than the date of filing:	.0201 ed as
record : is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	· the
ited <u>C</u>	Etober 14 2021	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

· .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>	Address	Type of Action
ANIBR	GiovanniVelorquez	501 butte St	<u>√</u> Add
		501 butte St Lehigh acres FL 33971	Remove
		11 660	□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
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