K21000486397

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| J. HORNE |
| J. HOKITE FEB 2 1 2022 |
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SECULORS OF SHOW

COVER LETTER

TO:

| | gistration S vision of Co | | | |
|---------------------------------------|------------------------------|---|---|---|
| SUBJECT: | US RAM I | | | |
| SOBJECT. | | | nited Liability Company | · · · · · · · · · · · · · · · · · · · |
| The enclose | d Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | |
| | | FREDY OVIDIO RAMIR | REZ MEZA | |
| | | | Name of Person | |
| | | | Firm/Company | <u> </u> |
| | | 11855 TARANTO LN | | |
| | | | Address | |
| | | LAKE NONA, FL. 32827 | | |
| | | | City/State and Zip Code | |
| | | andresramirez95@hotmail. | | |
| For further i | nformation c | e-mail address: (concerning this matter, please c | to be used for future annual report not all: | ification) |
| FREDY O RAMIREZ MEZA | | | 832 434-8926 at () | |
| | Name o | f Person | Area Code Daytin | ie Telephone Number |
| Enclosed is a | a check for th | ne following amount: | | |
| ■ \$25.00 I | 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 | | | <u>Street Address:</u> Registration Se | ction |
| Division of Corporations | | | Division of Cor | rporations |
| P.O. Box 6327 | | | The Centre of 7 | |
| Tallahassee, FL 32314 | | 2415 N. Monro | e Street, Suite 810 | |

Tallahassee, FL 32303

`ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 FEB -8 AH 9: 59

US RAM LLC

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

| The Articles of Organization for this Limited Liabil Florida document number <u>L21000486397</u> | ity Company | were filed on 11/19 | 0/2021 | and assigned |
|---|-------------------------------|------------------------|-----------------------------|-------------------------|
| This amendment is submitted to amend the following | ıg: | | | |
| A. If amending name, enter the new name of the | limited liab | ility company here | <u>\$</u> : | |
| The new name must be distinguishable and contain the words | "Limited Liabil | ity Company," the desi | gnation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable | 11855 TARANTO |) LN | | |
| (Principal office address MUST BE A STREET A) | | LAKE NONA, FL | 32827 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | LAKE NONA, FL. 32827 | | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | tered office a <u>re</u> : | ddress on our reco | ords, <u>enter the name</u> | e of the new registered |
| Name of New Registered Agent: | | | | <u> </u> |
| New Registered Office Address: | 1855 TARAN' | <u> </u> | street address | |
| LAKE NONA | | Emer F Wran | | 227 |
| | ANE NONA | City | , Florida <u>328</u> | Zip Code |
| | | • | | varge wayne |

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 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> | Type of Action |
|--------------|------------------------|-----------------------------|-----------------|
| AMBR | FREDDY A RAMIREZ | 3121 ARROW DR | □Add |
| | | KISSIMMEE, FL 34746 | ■Remove |
| | | | □Change |
| AMBR | SELIM A. SABA SANTIAGO | 840 A NORTH JOHN YOUNG PKWY | = Add |
| | | KISSIMMEE, FL. 34741 | □Remove |
| | | | □Change |
| AMBR | FREDY O. RAMIREZ MEZA | 11855 TARANTO LN | |
| | | LAKE NONA, FL. 32827 | □Remove |
| | | | ■ Change |
| | | - | □Add |
| | | | □Remove |
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| | | | □ Remove |
| | | | □Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (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 February 3th Signature of a member or authorized representative of a member Fredy O Ramirez Meza

Typed or printed name of signee