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T. MATTHEWS MAR 24 2022

### **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CORPORACION RAMFOR LLC SUBJECT: 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: BARAJAS, JUAN C Name of Person Firm/Company 1444 NW 14TH AVE APT # 103 Address City/State and Zip Code MIAMI, FL 33125 E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Maria Corona Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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#### CORPORACION RAMFOR 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 Lia	bility Company were filed on	12/08/2021	and assigned
Florida document number L21000517928	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," th	e designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		<del></del>
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		records, <u>enter th</u>	te name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Flor	ida
	City		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>	Address	Type of Action
AMBR	CALDERON, JESUS R	1444 NW 14TH AVE. APT # 103	≣Add
		MIAMI, FL 33125	□Remove
			□ Change
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Effective date if a	other than the dat	e of filing:			(optional)	
If an effective date is I Note: If the date in	isted, the date must be	specific and cannot t does not meet the	se prior to date of filin applicable statutor;	ig or more than 90 da	(optional) sys after filing.) Pursuant nts, this date will not b	to 605.0207 be listed as
e record specifies a rd is filed.	delayed effective da	te, but not an effe	ctive time, at 12:01	a.m. on the earlie	r of: (b) The 90th day	y after the
Dated <u>8 / / / /</u>	2022		<del>- 7</del>	A		

Typed or printed name of signee