## L22000017696

(Re	questor's Name)	· · · · · ·
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	<del></del>
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2022 FEB 14 PH 1:20
SECRETARY OF STATE

A. BUTLER FEB 2 4 2022

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

·			•	
SUBJECT:	DRRAM	AS LBV LLC .		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		IVAN RAMIREZ		
		Name of Person	<del></del>	
		DRRAMS LBV LLC		
		Firm/Company		
		12984 SPRING LAKE DR.		
		Address		
		COOPER CITY, FL 33330		
		City/State and Zip Code		
		orge_421@icloud.com to be used for future annual report notif		
			(cadon)	
For further information c	oncerning this matter, please c	all:		
	ge Cifuentes	at (954)708-5839	· · · · · · · · · · · · · · · · · · ·	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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		Street Address:	*i.a.a	
Registration S		Registration Sec Division of Corp		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of Ta		
			Street, Suite 810	
		Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DI	RRAMS LBV LLC	2022 FEB 1	4 PM 1:20
(Name of the Limited Lia	bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability		26 Land 1911	RY OF STATE  ASSEE, FL and assigned
Florida document numberL22000017696	Company were med on	U.I/.IW/2U22	and assigned
Profida document flumer	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here	<u>:</u>	
The new name must be distinguishable and contain the words "I	limited Liability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	12984 SPRING	LAKE DR. COOPER	CITY, FL 33330
(Principal office address MUST BE A STREET AD	DRESS)	· · · · ·	
	<del></del>	-	
Enter new mailing address, if applicable:	12984 SPRING	LAKE DR. COOPER	CITY, FL 33330
(Mailing address MAY BE A POST OFFICE BOX)		_	
B. If amending the registered agent and/or registe	red office address on our rec	ords, <u>enter the nan</u>	ie of the new registered
agent and/or the new registered office address here	<u>ē</u> :		
Name of New Registered Agent:	IVAN RAMIREZ		
Name of New Registered Agent.			
New Registered Office Address:	12984 SPRING LAKE		<del></del>
		i street address	
	COOPER CITY	, Florida	33330
Nam Danistana d Lau (2.6)	City		Zip Code
New Registered Agent's Signature, if changing Registe			
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of m agent as provided for in Cha cred office address, I hereby	y duties, and Lam apter 605, F.S. Or,	familiar with and if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGRM	IVAN RAMIREZ	12984 SPRING LAKE DR. COOPER CITY, FL 33330	) □Add
			□Remove
			Change
MGRM	ALEJANDRA MARIN	12984 SPRING LAKE DR. COOPER CITY, FL 33330	D □ Add
			□Remove
			<b>=</b> Change
		<del></del>	🗆 Add
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ocument's ef	fective date on the Departme	nt of State's records.	_	·		
record specil	les a delayed effective date, b	out not an effective time	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
l is filed.				<i>,</i>		
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	Signatu	re of a member of authoriz	eca representative o	a member		
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	<del></del>	Typed or printed i	RAMIREZ (	<u> </u>		

Filing Fee: \$25.00