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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations		
OLD IDÆT.		gn Engineering LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The unalocad	l A≠iolog of	Amendment and fee(s) are sub	mittad for filing	
			-	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michael Dempsey		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkcrest Drive Suite	103	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	m o be used for future annual report no	titiontion)
For further in	nformation c	oncerning this matter, please ca		theatting
Michael Den	npsey c/o Zo	enBusiness Inc.	844 493-6249	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling 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 tadditional copy is enclosed)
Reg	iling Addres	Section	Street Address: Registration S	
Div	ision of C	orporations	Division of Co	orporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 FEB 28 AM 7: 50

RAM Design Engineering LLC	oro: = r.o	the same and the
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco lability Company) [ALL] [-1]	<u>rds) (-0 IATC</u> 455 F. CI
The Articles of Organization for this Limited Liability Company Florida document number 1.22000030266		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14481 Lake Ln	
Principal office address MUST BE A STREET ADDRESS)	Southwest Ranches, FL 3333	30
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>ente</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	Į.	florida
		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 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		
AMRD - Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<u> </u>		□Add
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Effective date, if other than the data offentive date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable st	of filing or more than 90 days after tatutory filing requirements, this	nal) iling.) Pursuant to 605,0207 (3 date will not be listed as th
he record specifies a delayed effective dord is filed.	late, but not an effective time, at	. 12:01 a.m. on the earlier of: (b)	The 90th day after the
	2022		
Dated February 22	<u> </u>		
Is/ Pohort Novandor	- Maldonado		
Is/ Pohort Novandor		representative of a member	

Filing Fee: \$25.00