L22000 137326

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only-Otate/Elph Holic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300386429453

04/26/22--01035--004 **25.00

2822 APR 26 AM 10: 56

10ENNIS

COVER LETTER

TO: Registration S Pivision of Co			
SUBJECT:	RAM Inol. Name of Lim	ktion ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		RAMOS FERN. Name of Person In60 (arion	andez_
		Firm/Company	
	9435 Wee	Pring Willow Ln	
		City/State and Zip Code	
	5PF 13511@ E-mail address: (HOT mail . Com to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
Sahil Name	Damos of Person	at (727) 286 Area Code Daytin	8 5903 ne Telephone Number
Enclosed is a check for	the 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	usulation LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi Florida document number $\frac{L220001373}{}$		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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 A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		Florida
_	City	, Florida

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 **Title Address** Type of Action **Name** Sahi Rawos Fernely 1435 Weeping willow In, PR, Fl 34668 MGR _____ □Remove _____ Change _____ □Remove □Change _____ □ Change □Add □Add

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
•	
•	
•	
lfan ef <u>Note:</u>	fective date, if other than the date of filing:
e recor	rd 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 iled.
Dated	April 22 , 2022
	Signature of a member or authorized representative of a member
	SAHil RAMOS Fernander. Typed or printed name of signee
	Typed or printed name of signee