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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CYAN CONSULTANTS INC.
Account Number : I20180000074
Phone : (321)710-2030
Fax Number : (407)650-3216

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@cyancinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALINE RAMOS LEITE 08099011619 LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

JAN 17 2023

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALINE RAMOS LEITE 08099011619 LLC
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:

ALINE RAMOS LEITE

Name of Person

ALINE RAMOS LEITE 08099011619 LLC

Firm/Company

921 VILLAGE PLACE UNIT 0921

Address

DAVENPORT, FL

City/State and Zip Code

contact@cyancinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALINE RAMOS LEITE

at (917) 378-5079

Name of Person

Area Code

Daytime 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

2023 JAN 13 AM 10:57

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALINE RAMOS LEITE 08099011619 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 Liability Company were filed on 03/25/2022 and assigned
Florida document number L22000147109

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RAMOS TRAVEL SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

921 Village Place

(Principal office address MUST BE A STREET ADDRESS)

Unit 0921

Davenport FL 33896

Enter new mailing address, if applicable:

921 Village Place

(Mailing address MAY BE A POST OFFICE BOX)

Unit 0921

Davenport, FL 33896

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALINE RAMOS LEITE

New Registered Office Address:

921 VILLAGE PLACE UNIT 0921

Enter Florida street address

DAVENPORT

Florida 33896

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALINE RAMOS LEITE	921 VILLAGE PLACE UNIT 0921	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2023 JAN 13 AM 10:57

FILE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 JAN 13 AM 10:57

17

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 January 12th, 2023

AK Leister

Signature of a member or authorized representative of a member

ALINE RAMOS LEITE

Typed or printed name of signee