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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR FINANCIAL MULTISERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

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

RAM INSURANCE SOLUTIONS LLC

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

## Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:		<u>.</u> .	202	
New Registered Office Address:			i AU	
	Enter Florida street address		- <del>67</del>	
<u> </u>	Florida	: <u>-</u> ·		
New Registered Agent's Signature, if changing Registered Agent:	City.	Zip Ci		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comple 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. Thereby 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ne record specifies a delayed ( and is tiled.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2024
	Amparo Rodriguez
	Signature of a member or authorized representative of a member
AMPARO ROD	Amparo Rodriguez Signature of a member or authorized representative of a member

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

Filing Fee: \$25.00