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PICK-UP	WAIT MAIL
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2022 SEP 27 PH 1: 43
SECRETARY OF STATE
TALLAHAS SEE F

## **COVER LETTER**

TO:

TO: Registration Division of C	Section Corporations			
	Solutions LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Anthony Martin			
	44.	Name of Person	<u></u>	-
		Firm/Company		-
	7261 Crossroads Garden D	Drive - Apt 3222		2
		Address		2022 SEP 27 PK 1: 43 SECRETARY OF STATE TALL AHASSEE, FL
	Orlando, FL 32821			P 2
	anthonym230395@gmail.co	City/State and Zip Code om		7 Pi
		to be used for future annual report noti	fication)	mo -
For further information	n concerning this matter, please ea	all:		៉ីក្ដី ឃ
Anthony Martin		786 612-4145 at ( )		
Nan	ne of Person	Area Code Daytim	e Telephone Numbe	г
Enclosed is a check for	or the following amount:			
□ \$25.00 Filing Fee	: ■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
<u>Mailing Add</u> Registratio	<del></del>	<u>Street Address:</u> Registration Se		
Division o	f Corporations	Division of Cor	porations	
P.O. Box 6 Tallahasse	e, FL 32314	The Centre of T 2415 N. Monro		310

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ramar tSolutions LLC				
(Name of the Lim	ited Liability Company as it now appears ( (A Florida Limited Liability Company)	m our records.)		
The Articles of Organization for this Limited L	Liability Company were filed on July I	25, 2022	and ass	igned
Florida document number 1,22000327845	·			
This amendment is submitted to amend the fol	lowing:			
The Articles of Organization for this Limited Liability Company were filed on July 25, 2022 and assigned  Florida document number L22000327845  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  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:  Juan G Sanchez				
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	ignation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREA	ET ADDRESS)			
		건물	2022	
Enter new mailing address, if applicable:			SH_SH_	
Mailing address MAY BE A POST OFFICE		<u> </u>	· P	errores errores
		3> <u>2</u> 01	7	्र इस्ट्रमञ्जू
		1,7 C		Garant.
3. If amending the registered agent and/or	registered office address on our rec	ords, enter the name	of the nev	v register
agent and/or the new registered office addre	<u>ess here</u> :	` <u>.</u> .	ြူင်	
Name of New Registered Agent:	Juan G Sanchez	<u> </u>		
New Registered Office Address:	1001 Three Islands Blvd - Apt 40			
item regimered office readings.	Enter Florid	a street address		<del></del>
	Hallandale Beach	Florida <u>3300</u>	9	
	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>	Address	•	Type of Action
AMBR	Francis T Ramirez	7261 Crossroads Garden Drive		_ <b>=</b> Add
		Apt 3222		_ □Remove
		Orlando, FL 32821		_ □Change
				_ □Add
			=	_ □Remove
				_ □Change
			<u> </u>	_ □Add
			SECRETARY OF STATE	Remove 27 Add Francisco
				_ □Change
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Effective date, if other than t	he date of filing	g: July 25, 2022			otional)	(05.03
(If an effective date is listed, the date Note: If the date inserted in this	block does not n	neet the applical	ole statutory filir	ig requirements, t	this date will no	of be listed
document's effective date on the	Department of S	State's records.				
he record specifies a delayed effe	tive date, but not	an effective tin	ne at l?:0 la m	on the earlier of:	(h) The 90th	day after th
ord is filed.	are dure, our not	an criterio an	io, at 12.01 a.m.	on are carrier or,	(6) 1	uny 11.10
August 26		2022				
Dated	7		_ ·			
1 1 1		_><				
		>	ized representative			

Filing Fee: \$25.00