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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	RRAM Nota	aries LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		John F Fuller		
			Name of Person	
		RRAM Notaries LLC		
			Firm/Company	
		331 S Adams St		
			Address	
		Beverly Hills FL 34465		
			City/State and Zip Code	
		j.fuller@rramnotaries.com	to be used for future annual report no	
For further in	nformation co	oncerning this matter, please ca		ouncenon)
John F Fulle	er		352 410-3158 at (
	Name of	Person		me Telephone Number
Enclosed is a	check for the	e following amount:		
≡ \$ 25.00 F	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:

TO:

Registration Section

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

RRAM Notaries LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>L22000392715</u> .	ny were filed on Sep	tember 8, 2022 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
RRAM Notaries & Abstractors LLC			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the de	signation "LLC" or the abbreviation "L.L.C."	
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 officagent and/or the new registered office address here:	e address on our re		
		OF S.	
Name of New Registered Agent:		7ATF	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ager	<u>1t:</u>		
l hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	~	. , .	

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
			□Add
			□Rетоve
			□ Change
			□ Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change

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ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	st be specific and cannot be prock does not meet the app	olicable statutory filing		
cord specifies a delayed effectives filed.	e date, but not an effectiv	e time, at 12:01 a.m. o	on the earlier of: (b) The	e 90th day after the
October 5	2022			
(,,,,,,			
	Signature of a member or a	<u> </u>		