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(Pa	questor's Name)	
(IVE	equestors (varie)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	(f)
PICK-UP	WAIT	MAIL
	siness Entity Name	<u>, </u>
(Bu	siness Chuty Name	=)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	

Office Use Only



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2023 AUG 21 GARGE AUG CO

R. HUNT 08/24/23

COVER LETTER

TO: Registration Se Division of Cor				
RRAM NO	TARIES & ABSTRACTORS I	LLC	÷	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fce(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JOHN IF FULLER			
		Name of Person		
	RRAM NOTARIES & AB			
		Firm/Company		
	331 S ADAMS ST		2023	
		Address		
	BEVERLY HILLS FL 344		2023 AUS 24	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	fication)	
	J.FULLER@RRAMNOTA			
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	ali:		
John Fulle Name o	of Person	at (<u>352</u>) <u>410 –</u> Area Code Daytim	315 2. c Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section		Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RRAM NOTARIES & ABSTRACTORS LL	.C	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	·-
The Articles of Organization for this Limited Liability C	Company were filed on 09/08/2022	and assigned
Florida document number 1.22000392715	<u></u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
RRAM PROFESSIONAL SERVICES LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	~-3
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	2023 AUG
(Principal office address MUST BE A STREET ADDI	RESS)	AUG SA
		24 S
		Pr So
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- 0 1
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records. <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			1713 General (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886)
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			Change
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			[] <i>C</i>]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _ 2023 Signature of a member or authorized representative of a member

Typed or printed name of signee

JOHN F FULLER