

L22000428253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

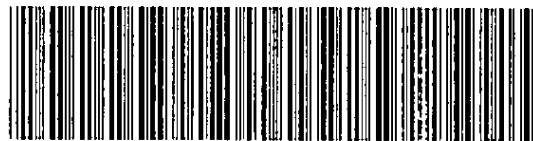
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

R. HUNT
09/11/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAMP LENDING LIMITED LIABILITY COMPANY
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:

JAVIER DE VARONA

Name of Person

DE VARONA CPA PA

Firm/Company

2525 PONCE DE LEON BLVD STE 300

Address

CORAL GABLES FL 33134

City/State and Zip Code

JDEVARONA@DEVARONACPA.CPM

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

For further information concerning this matter, please call:

Name of Person at (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

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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>
			<input type="checkbox"/> Add
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DIVISION OF CORPORATIONS
SECRETARY OF STATE

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 SEPTEMBER 11TH 2023

Signature of a member or authorized

Signature of a member or authorized representative of a member

MEMBER

Typed or printed name of signee

Filing Fee: \$25.00