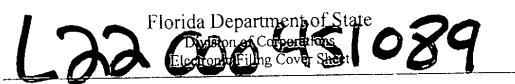
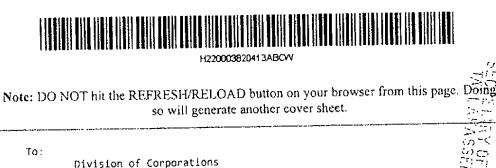
11/8/22, 1:35 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003820413)))



From:

Account Name : ADRIAN TAX SERVICES INC.

Account Number : I20220000042 Phone : (786)370-2432 Fax Number : (305)266-5758

Fax Number : (850)617-6383

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAUL L RAMIREZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO

ARTICLES OF O		P   2022 NOV SECRETA
RAUL L RAN	AIREZ LLC	₩ <b>6</b>
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	PH D
The Articles of Organization for this Limited Liability Company villerida document numberL22000451089	vere filed on10/19/202	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ly Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(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 as agent and/or the new registered office address here:		
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	

## 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.

City

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

(((H22000382041 3)))

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ODALYS RAMIREZ	18012 NW 78TH AVENUE	Ondd
		MIAMI, FL 33015	ORemove
AMBR	RAUL L. RAMIREZ, SR	18012 NW 78TH AVENUE	Ochange
		MIAMI, FL 33015	ORemove
			Ochange
			OAdd
			ORemove
			OChange
		O <sub>Add</sub>	
			ORemove
			OChange
4			O <sub>Add</sub>
			ORemove
			OChange
			OAdd
	•		Remove
	,		O Change

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## (((H22000382041 3)))

D. If am	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:  (optional)  (frective 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)(1)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	ord 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 filed.
Date	d 11/08 2022
	× Zamenki
	Signature of a member or authorized representative of a member
	RAUL L. RAMIREZ, SR
	Typed or printed name of signee