

11/8/22, 1:35 PM

Division of Corporations

L22 000451089
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FL

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ADRIAN TAX SERVICES INC.
Account Number : I20220000042
Phone : (786)370-2432
Fax Number : (305)266-5758

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

C. BRUMBLEY

NOV - 9 2022

Electronic Filing Menu Corporate Filing Menu Help

2022 NOV - 9 10:21:10

(((H22000382041 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RAUL L RAMIREZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 NOV - 8 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/19/2022 and signed
Florida document number L22000451089.

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 "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: N/A
(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: N/A

New Registered Office Address: Enter Florida street address
City, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H22000382041 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ODALYS RAMIREZ	18012 NW 78TH AVENUE	<input type="radio"/> Add
		MIAMI, FL 33015	<input type="radio"/> Remove
			<input checked="" type="radio"/> Change
AMBR	RAUL L. RAMIREZ, SR	18012 NW 78TH AVENUE	<input checked="" type="radio"/> Add
		MIAMI, FL 33015	<input type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change

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