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(Red	questor's Name)	
(Add	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

	Registration Se Division of Cor			
SUD IEZ	Ramos Fix	UpLLC		
SUBJEC	. I :	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rei	turn all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.ed		
Cor forther	ar information a	n-mail address: (to be used for future annual report noti	fication)
		oncerning this matter, please c	an:	
c/o Zenl	Business INC		844 493-6249 at ()	
	Name o	f Person		e Telephone Number
Enclosed	is a check for the	ne following amount:		
■ \$25,0	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 Addres		Street Address:	
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632		The Centre of T	•
•	Tallahassee. I	FL 32314	2415 N. Monco	e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ramos Fix Up LLC		
(Name of the Limited Liab (A Flor	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 11/02/2022	and assigned
Florida document number 1.22000471742	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Ramos brothers renovations LLC		~)
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbrewiation L.L.C.
Enter new principal offices address, if applicable:		居 三
(Principal office address MUST BE A STREET ADI	ORESS)	法のよ
Enter new mailing address, if applicable:		SEFE. FILE
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	l a
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kevin Bryan Ramos	13054 nw gilson	□Add
		Palm city, FL 34990	□Remove
			■Change
		-	□Remove
			Change
			🗀 Add
			□Remove
			□Remove
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	las af filia a		(optional)	
an effective date is listed, the date must be sold in this block. If the date inserted in this block.	be specific and cannot be prior ck does not meet the applic	to date of filing or more than able statutory filing requi	90 days after filing.) Pursuant to	605,0207 Histed as
an effective date is listed, the date must be some of the date inserted in this block ocument's effective date on the Depression of the date of the da	be specific and cannot be prior ck does not meet the applic partment of State's records.	to date of filing or more than able statutory filing require.	90 days after filing.) Pursuant to rements, this date will not be	listed as
an effective date is listed, the date must be some of the date inserted in this block ocument's effective date on the Department specifies a delayed effective d is filed. November 28th	be specific and cannot be prior ck does not meet the applic partment of State's records. date, but not an effective ti	to date of filing or more than table statutory filing required. ime. at 12:01 a.m. on the c	90 days after filing.) Pursuant to rements, this date will not be	listed as
Year effective date is listed, the date must be a solution of the date inserted in this block becament's effective date on the Department's effective date on the Department's delayed effective dis filed. November 28th	be specific and cannot be prior ck does not meet the applic partment of State's records. date, but not an effective ti	to date of filing or more than table statutory filing required. ime. at 12:01 a.m. on the c	90 days after filing.) Pursuant to rements, this date will not be carlier of: (b) The 90th day	listed as
Jated	be specific and cannot be prior ck does not meet the applic partment of State's records. date, but not an effective ti	to date of filing or more than table statutory filing required. ime. at 12:01 a.m. on the c	90 days after filing.) Pursuant to rements, this date will not be carlier of: (b) The 90th day	listed as

Filing Fee: \$25.00