

L230003549413478

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

From: Account Name : MONAGA ACCOUNTING ASSOCIATES, INC  
Account Number : I20160000095  
Phone : (239)259-7483  
Fax Number : (239)280-1269

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

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

RECEIVED  
2023 DEC 13 AM 11:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**L.P./LLP AMENDMENT/RESTATEMENT/CORRECTION**  
**R.C RAMOS GENERAL CONSTRUCTION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

R.C RAMOS GENERAL CONSTRUCTION LLC

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

The Articles of Organization for this Limited Liability Company were filed on APRIL 03, 20223 and assigned  
Florida document number L23000163478

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:

(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 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: MONAGA ACCOUNTING ASSOCIATES INC

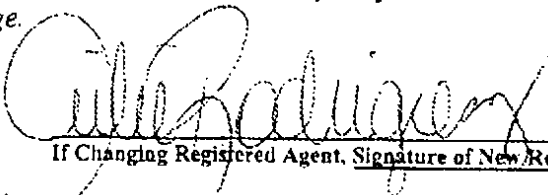
New Registered Office Address: 1919 COUTNEY DR SUITE 10A

Enter Florida street address

FORT MYERS, Florida 33901  
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

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOLORES CASTANEDA	4120 SONNY ASPEN CIR	<input checked="" type="checkbox"/> Add
		UNIT 1 APT 115	<input type="checkbox"/> Remove
		FORT MYERS, FL 33916	<input type="checkbox"/> Change
AMBR	JUAN RAMOS	17310 RED CEDAR DR	<input type="checkbox"/> Add
		APT 1	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL 33907	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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.

Dated SEPTEMBER 18TH 2023

May Bandy  
Typed or printed name of signer

**Filing Fee: \$25.00**