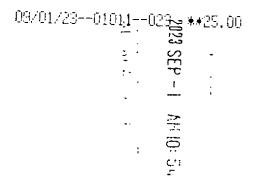
L23000294443

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Division of Corporations			
SUBJECT:	Ramt LLC	,	·
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	M i	l	
	Moshe	Name of Person	
	Rami		
		Firm/Company	
	550 NE	172hd St	
			170
	North Miam	City/State and Zip Code	62_
	Moses 17 E-mail address: (Ogmail. Com To be used for future annual report notification	<u>)</u>
For further information co	oncerning this matter, please ca	all:	
Moshe T		at (475) (55 9 C) Area Code Daytime Teleph	75
Name of	f Person	Area Code Daytime Telepi	hone Number
Enclosed is a check for th	e following amount:		
St\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Section Division of Corporati	ons
0.0.0.422	- ·	m	

P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION
OF 2023 SED
ARTICLES OF ORGANIZATION OF 2023 SEP AM t (Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company)
and assigned and assigned
Florida document number $\underline{L23000244443}$.
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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida __

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>	Address	Type of Action
Mgr.	Moshe Taber	550 NE 172 hd St Michiel FL 38162	Mdd
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an o	ctive date, if other than the date of filing:
the receiond 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
	Signature of a member or authorized representative of a member
	MOSAC Taber Typed or printed name of signee

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