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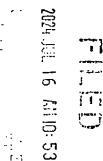
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PICK-UP WAIT MAIL
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COVER LETTER

то:	Registrat Division	ion Section of Corporations		
CUDIE	Ram	ps Epoxy LLC		
SUBJEA	C1:	Name of Li	mited Liability Company	
The encl	losed Artic	les of Amendment and fee(s) are su	ibmitted for filing.	
Please re	eturn all co	rrespondence concerning this matte	er to the following:	
		Kevin Jordan		
		 	Name of Person	
		Ramps Epoxy LLC		
		-,,,	Firm/Company	
		4154 Roberta Drive		
			Address	
		Winter Haven, FL 33881		
			City/State and Zip Code	
		rampsepoxy@gmail.com E-mail address:	(to be used for future annual report noti	ification)
For furth	er informa	tion concerning this matter, please		,
Kevin Jo	ordan		917 295-6865	
	N	ame of Person	at () Area Code Daytim	ne Telephone Number
Enclosed	l is a check	for the following amount:		
□ \$ 25.	.00 Filing I	Fee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Division P.O. Box	tion Section of Corporations c 6327	Street Address: Registration Se Division of Cor The Centre of 7	porations Fallahassee
	i aiianas	see, FL 32314	Tallahassee, FL	e Street, Suite 810 J. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Ramps Epoxy 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 07/07/2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rampps LLC 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 Office Address: Enter Florida street address _, Florida _

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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			[]Remove
			□Change
			□ Add
			□Remove
			Change
			[]Add
			□ Remove
			□ Add
			□Remove
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			Remove
			□Change
· · · · · · · · · · · · ·			
			Remove
			□ Change

Effective date, if other than the date of filing:	<u> </u>			_
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Signature of a member or authorized representative of a member		ctive date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
	July 10	. 2024		
	4	Signature of a member or authori	zed representative of a member	
V 1		-		

Filing Fee: \$25.00



March 22, 2024

KEVIN JORDAN 4154 ROBERTA DRIVE WINTER HAVEN, FL 33881

SUBJECT: RAMPS EPOXY LLC Ref. Number: L23000322097

We have received your document for RAMPS EPOXY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 124A00006204

-www.sunbiz.org

District of Control of the D.O. DOY 6007 mg



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Letter Number: 124A00006204

Anissa Butler Regulatory Specialist II

www.sunbiz.org