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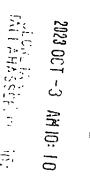
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SURJECT: RAM	TILE SERV	TOPS / LC	
.30b/EC1		ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
·	C	C	
	Rubacia Ma	10.105	
	Roberto Mo	Name of Person	
		Firm/Company	
		- : 24	
	581 Green S	Pring PL JAddress	
	West Palm Bea	ch.FL 33409	
	Combine	Ch, FL 33409 City/State and Zip Code CS G19 Mail - Co M to be used for future annual report notif	
	E-mail address: (1	to be used for future annual report notif	lication)
For further information con	cerning this matter, please ca	all:	
D. L.			
Koberto Mora	de S Terson	at ( <u>561</u> ) <u>698 - 8</u> Area Code Daytime	393 Telephone Number
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Enclosed is a check for the	Callangina amanunt		
	-	C 655 00 122 . P . 8	5. 620 00 PPL - P
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAM TTLE SERVICES LLC

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reconted Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on $09/11/2$	623	_ and ass	igned
Florida document number <u>LZ 50604 Zrt 5 8</u>				
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 l	Liability Company," the designation "L	I.C" or the abbre	viation "L.	IC."
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	<del></del>		
		<u> </u>	202	
Enter new mailing address, if applicable:			20	
(Mailing address MAY BE A POST OFFICE BOX)			<del>- 의</del>	
B. If amending the registered agent and/or registered of	For oddress on our records en	ter the name (	. — ⇔ of the nev	: v registerec
agent and/or the new registered office address here:	nee address on our records, em	ter the name	Ċ	
		, P	0	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ode	dress		
		Florida		
<del></del>	City	. I 101104	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roberto Morales	581 Green Spring Pl	<b>@</b> Add
		West Plum Beach, Fl 33409	□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
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ective date, if other effective date is listed, (e) If the date inserte ument's effective da	the date must be speced in this block doe	ific and cannot be p is not meet the ap	prior to date of filing plicable statutory	or more than 90 days		
cord specifies a delay s filed.	ved effective date. I	but not an effecti	ve time, at 12:01	a.m. on the earlier o	of: (b) The 90th	day after th
ed <u>SeP+embe</u>	er 25	. 2023	<u>3</u> .			
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