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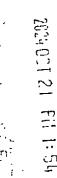
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COVER LETTER

RAMQUE SUBJECT:			
NUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
r rease return an correspo	indence concerning this matter	to the following.	
	RAMON MOREDA		
		Name of Person	 ,
	RAMQUEST, LLC		
		Firm/Company	
	P.O. BOX 141219		
		Address	
	CORAL GABLES, FL. 33	114	
		City/State and Zip Code	
	rmmdfacr@bellsouth.net F-mail.address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	•	
RAMON MOREDA		305 778-1042	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
≡ \$25.00 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 9	Section	Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

> 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**

RAMQUEST, 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 $\frac{09/21/2023}{6.5}$ 1 1 and assigned 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." 5734 RIVIERA DR. Enter new principal offices address, if applicable: CORAL GABLES, FL. 33146 (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 __ City

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, 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
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	ie date of filing: _ ust be specific and car block does not mee	t the applicable :	e of filing or more tha statutory filing requ	(optional) n 90 days after filing. irements, this date) Pursuant to 605.02 will not be listed:
ote: If the date inserted in this		e's records.			
ote: If the date inserted in this neument's effective date on the record specifies a delayed effect	Department of State		t 12:01 a.m. on the	earlier of: (b) Th	e 90th day after th
ote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed. OCTOBER 15	Department of State	effective time, a	1	,	e 90th day after th
ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed. OCTOBER 15	Department of State	effective time, a	1	,	e 90th day after th

Filing Fee: \$25.00