L24000147285

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TO:

Registration Section

Division of Corporations

SUBJECT:	Ramirez Remode	ling and Construction, LLC				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Qu	enia Carvajal Cuevas				
		Name of Person				
	Ramirez Rei	modeling and Construction, LLC				
		Firm/Company				
	2927 Or	mond Avenue				
		Address				
	Panama (City, FL 32405				
		City/State and Zip Code				
	Jr3260232@	gmail.com				
	E-mail address: (to be used for future annual report no	tification)			
For further information of	oncerning this matter, please c	all:				
Molly Henry		901 604-6364 at ()				
Name o	f Person		ne Telephone Number			
Enclosed is a check for the	ne 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 Registration S		Street Address: Registration Se	ection			
Division of C			Division of Corporations			
P.O. Box 632		The Centre of				
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ramirez Remodeling			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000147285	y were filed on _	March 26th, 2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or th	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:			.: St. 707
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:			- PH 2
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the n	ame of the new regist
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter Fl	orida street address	
		, Florida	
	Ciţy		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

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	Quenia Carvajal Cuevas	2927 Ormond Avenue Panama City, FL 32405	= Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
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effective date is listed, the first of the date inserted	han the date of filir date must be specific ar in this block does not on the Department of	id cannot be prior to meet the applicab	date of tiling or more to the statutory filing re	(optional han 90 days after filing quirements, this date	2.) Pursuant to 605.020
ord specifies a delayed filed.	l effective date, but no	ot an effective tim	e, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after th
d September 25th	1	2624			

Typed or printed name of signee