L25000343833

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE |
| SEP 2 3 2025 |
| |

Office Use Only



200458511002

2025 SEP 22 PH 3: 26



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 (850) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

| Ram Star, LLC | | |
|--------------------------------|------|--------------------------------|
| Please Debit FCA000000003 For: | 25 | |
| Thank you Seth Neeley | | |
| 1 | _ | |
| Stoff | | Art of Inc. File |
| | | LTD Partnership File |
| | | Foreign Corp. File |
| | | L.C. File |
| | | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art, of Amend, File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert. Copy |
| | | Photo Copy |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
| , | | Officer Search |
| | | Fictitious Search |
| DOG/ | | Fictitious Owner Search |
| Signature | | Vehicle Search |
| | | Driving Record |
| Requested by: | | UCC 1 or 3 File |
| | | UCC 11 Search |
| Name Date | Time | UCC 11 Retrieval |
| Walk-In Will Pick U | Jp | Courier |

COVER LETTER

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Tallahassee, FL 32314

| TO: | Registration Sec Division of Corp | | | |
|--------------------|--------------------------------------|--|---|---|
| SUBJE | CT: BAN | A STAR, LLC. Name of Lin | | |
| | | Name of Lin | nited Liability Company | |
| | | | | |
| The enc | losed Articles of A | mendment and fee(s) are sub | bmitted for filing. | |
| Please re | eturn all correspon | dence concerning this matter | r to the following: | |
| | | Rieudo A | Name of Person | |
| | | | Name of Person | |
| | | ARIA CORPOR | Firm/Company | |
| | | | Firm/Company | |
| | | 1439 NW | Com Comb | |
| | | | Address | |
| | | Doral, Flori | City/State and Zip Code | |
| | | | City/State and Zip Code | |
| | | YICAYDO C YAL | (to be used for future annual report notification) | |
| For furth | ner information cor | neerning this matter, please c | | |
| <u> </u> | Curdy A. | Monrale 2 | at (307) 591 - 8814 Area Code Daytime Telephon | |
| | ivaine of a | erton | Area Code Daytime Telephon | e Number |
| Enclosed | is a check for the | following amount: | | |
| ्रेज़ s 25. | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address: | | Street Address: | |
| | Registration Se Division of Con | | Registration Section Division of Corporation | s |
| | P.O. Box 6327 | L | The Centre of Tallahassi | |

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| RAM STARILL | | |
|--|--|--|
| (A Florida Lini | mpany as it now appears | on our records.) |
| The Articles of Organization for this Limited Liability Comp. Florida document number 上点500~3十3分分 | any were filed on <u>\lambda \lambda \la</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited i | liability company hero | ŗ. |
| The new name must be distinguishable and contain the words "Limited L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS | | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our rec | ords, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida | street address |
| | | , Florida |
| | Ciry | 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> | Name | Address | Type of Action |
|--------------|--|-------------------------|----------------|
| Moh | Romania and Estrella Arenos Haracalda Trost | 639 Palerina Avenue | |
| | | Coral Gutters, FL 33134 | ARemove |
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| | ny other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| L'éfontius dats : | Starker than the Land COV |
| Note: If the date | if other than the date of filing: (optional) is listed, the date inust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tive date on the Department of State's records. |
| e record specifies rd is filed. | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 15/2025 Dadan |
| (4) | Cladar |
| | Signature of a member or authorized representative of a member |
| | ROGELID ARENAS Typed or printed name of signee |

Filing Fee: \$25.00