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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations	
	Properties, Incorporated
NAME OF CORPORATION: P05000	0020160 5 600 00 600
DOCUMENT NUMBER:	P0500020160
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Mary Ellen Z	alikha
Ramo Prope	
2743 First St	treet #1303
Fort Myers, I	Florida 33916
	City/ State and Zip Code
mz9305@aol.co	om
E-mail address: (to	be used for future annual report notification)
Pro Fordhamin Commedia a commission della manna	where calls
For further information concerning this matter,	
Mary Ellen Zalikha	<sub>at</sub> (305) 216-7813
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address  Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation

Ramo Properties, Incorporated

12 SEP 17 PM 3: 58

P050000 P05000 QO	60
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	TI
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.  B. Enter new principal office address, if applicable:	". A professional corporation name must contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida street	t address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Cinnature of New Pagintered Ag	ant if abancing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u> S	Name Mary Ellen Zalikha	Address 2743 First Street #1303
1) Change			Fort Myers, Florida
Add Remove			33916
2) Change	Т	Abdul Kareem Zalikha	2743 First Street #1303
X Add			Fort Myers, Florida
Remove			33916
3) Change	<u></u>		
Add			
Remove			,
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

~	ending or adding addition th additional sheets, if neces	sary). (Be specific)		
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			<u> </u>	
**	1 4	<b>%%</b>	:G4:	ion of insued above
ц ип	amendment provides for a visions for implementing t	<u>an excuange, reciassi</u> he amendment if not	contained in the am	endment itself:
pro	(if not applicable, indicate	N/A)		
pro	••			
pro				
pro				<del></del>
pro				<del></del>
pro				

## September 14, 2012

The date of each amendment	<del>ptember 14, 2012</del>
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man so auga agree amenamon gas auto)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
` · ·	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> Septe	mber 14, 2012
Signature	Mary Ellen balikra
selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Mary Ellen Zalikha
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)