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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Ramii MC

DOCUMENT NUMBER: PO 5000 163413 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Heenu Ben P Pute 1 Firm/ Company 296 EAST BASE ST Address Address

MADI'Son FL, 32340

City/State and Zip Code Rahalo798/Qgmail.com address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850 3:09 850,869,0899 Area Code & Daytime Telephone Number Meeny Ben Parel
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **∑\$52.50** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 APR 29 PM 3: 21

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Kimsi Inc			SECRETARY	OF STATE
(Name of Corporation	on as currently fil	ed with the Florida Dept.	of State AHASSE	E. FLOSO:
Pa 5000 163413				
(Docum	nent Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Flor	rida Profit Corporation add	ipts the following a	amendment(s)
as Articles of meorpotation.				
A. If amending name, enter the new name of the co	orporation:			
			7	The new
name must be distinguishable and contain the word "co	orporation, " "com	pany," or "incorporated" o		
"Inc.," or Co.," or the designation "Corp." "Inc."		ofessional corporation na	me must contain	the word
"chartered," "professional association," or the abbre	viation "P.A."			
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADI</u>	ORESS)			
	-	17.175		
	-	_ 		
C. P.A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)			
	_			
	_	<u>.</u>		
Note that the state of the stat	4 60	1 121 14	£ .1	
 If amending the registered agent and/or registered new registered agent and/or the new registered 		in riorida, enter the nam	e of the	
		00000		
Name of New Registered Agent	eriaber	17 Patel		
<u>&9</u>	GEAST BAS	SEST		
	(Florida street i	iddress)		
New Registered Office Address:	ARISON		Florida 323	46
	(Cit		TZip Co	nde)
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered agent.	l am familiar with	and accept the obligations	of the position.	
Hopno	1Ben P	Parel		
		stered Agent, if changing		
5.5.	0, 1 1031	arranging		

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>r 1</u>	John 170	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes .	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	PD	_	Samix P Patel	296 EAST BASE ST
Add				MADISON FL
Remove 2) Change	PP)	Meenu Ben P Rittl	246 EAST BASE ST
_X Add				MANISON FL
Remove 3 } Remove		_		32340
Add				
Remove 4) Change				
Add				
Remove				
5) Change Add		_		
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ly min applicable, mateure 1971)	
· · · · · · · · · · · · · · · · · · ·	
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The date of eac date this docume	h amendment(s) adoption: $\frac{FPS1112022}{}$, if other than the ent was signed.
Effective date <u>i</u>	f applicable:
	(no more than 90 days after amendment file date)
Note: If the da locument's effe	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ctive date on the Department of State's records.
Adoption of An	nendment(s) (CHECK ONE)
The amendm action was no	ent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement wately provided for each voting group entitled to vote separately on the amendment(s):
"The n	umber of votes cast for the amendment(s) was/were sufficient for approval
bу	
	(voting group)
	Dated APril 8 2022
	Signature 5. P. Pa-te 1
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	TResident (Title of person signing)