## P07000071981

(Re	equestor's Name)			
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RAMARA INVES	TMENTS INC.			
DOCUMENT NUMBER: P07000071981					
The enclosed Articles of	of Amendment and fee are sui	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
]	ROBERTO F. ALBO				
		Name of Contact Person			
:	2111 NW N. RIVER DRIVE				
		Firm/ Company			
-	Address				
i	MIAMI, FL 33125				
-		City/ State and Zip Code			
For further information	E-mail address: (to be us	red for future annual report notification)	<u> </u>		
ROBERTO ALBO		at (352 ) 426-3460			
Name o	f Contact Person	Area Code & Daytime Tele	phone Number		
Enclosed is a check for	the following amount made [	payable to the Florida Department of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Certificate of the Copy (Additional Copy is enclosed)	Status y		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle		

## Articles of Amendment to Articles of Incorporation of

RAMARA INVESTMENTS INC.	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	HET I
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	
(maining address MAT DE A TOST OF FICE BO)	Fig. 78 D
	SATE SB
D. If amounting the provisional around and/on weal-down	انب غز مراجع المراجع
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n	
Name of New Registered Agent	<del></del>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Degistered Agent's Signature if changing Degi	intered Agents
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
, , ,,	
Signo	ature of New Registered Agent, if changing

## 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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V		ROBERTO F. ALBO	2111 NW N. RIVER DRIVE
X Add				MIAMI, FL 33125
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				The Color of
Remove				
4) Change		_		
Add				
Remove				
5) Change	*******	<del></del>		
Add				
Remove				
6) Change		<del></del>		
Add				
Demove				

Attach <i>additional she</i>	ng additional Arti eets, if necessary).	(Be specific)	<u> </u>		
	_				
		•			
	****				
	<del></del>		······································		
	•	18.48 × 1811			•
f an amendment pr provisions for impl (if not applicable	ovides for an exch lementing the ame le, indicate N/A)	nange, reclassificand ment if not con	ation, or cancellat ntained in the amo	ion of issued sharendment itself:	<u>es,</u>
		<del></del>		•	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature X Roberto fullow  (By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Roberto F. A160	
(Typed or printed name of person signing)	
(Title of person signing)	