P07000118745

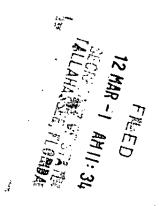
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COVER LETTER

Division of Corporations RAM SYSTEM, INC NAME OF CORPORATION: P07000118745 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eli Panell, ESQ. CPA, CFP®, LL.M. Name of Contact Person Panell Law Firm, LLC Firm/ Company 7950 NW 53rd Street, Suite 221 Address Doral, FL 33166 City/ State and Zip Code eli@panell-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eli Panell, ESQ. CPA, CFP®, LL.M. at (305 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	RAM S	YSTEM, INC.		
(Name of Corporation as c	urrently filed witl	h the Florida Dept. of State	<u>e</u>)	
	P070	00118745		
(Document	Number of Corpora	ation (if known)		_
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statute	es, this <i>Florida Profit Corpo</i>	pration adopts the follow	ving amendment(s) to
A. If amending name, enter the new nam		ion:		
	N/A			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc,	" or "Co". A professiona	"incorporated" or the l corporation name mu	abbreviation est contain the
D. Enten new pulsainal office address if	annliaghlas	N/A		end of the second
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>))		
		 		-69 2
				- 3
C. Enter new mailing address, if applica	ıble:	N/A		THED THED
(Mailing address MAY BE A POST O	FFICE BOX)			声》 畫 日
		 		
D. If amending the registered agent and	or registered offic	ce address in Florida, enter	the name of the	
new registered agent and/or the new	registered office a	ddress:		
Name of New Registered Agent	Eli Panell, E	SQ. CPA, CFP®,	LL.M.	
<u>.</u>	7950 NW 5	3rd Street, Suite	221	
		orida street address)	00400	
New Registered Office Address:	Doral	40.	, Florida 33166	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register	red agent. I am fai		bligations of the positio	PI.
Sign	ature of New Regis	sierea Agent, ijjonanging		

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Manuel Rey	3900 NW 79 Avenue
Add x Remove			Suite 590 Miami, FL 33166
2) Change	D	M. Balbanes R. Hernandez	3900 NW 79 Avenue
			Suite 590 Mlami, FL 33168
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		_	
6) Change Add Remove			

(attach additional .	ding additional Artic sheets, if necessary).	(Be specific)			
I/A					
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provisions for im	provides for an exch. plementing the amerable, indicate N/A)	ange, reclassifica ndment if not cor	tion, or cancella tained in the am	tion of issued sha tendment itself:	res,
	 				
			<u>-</u> .		
-					

The date of each amendment(s) as	doption: 2/27/12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
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.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	7/20/2
Signature	Jun M
selegte	rector, 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 red fiduciary by that fiduciary)
7	M. Balbanes R. Hernandez
	(Typed or printed name of person signing)
	Shareholder /D
	(Title of person signing)