## 721000073459

(Re	questor's Name)			
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C. BRUMBLEY NOV 2 2 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: RAM BPO CORP		
DOCUMENT NUMBER: _			
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.	
Please return all corresponder	nce concerning this ma	tter to the following:	
SIMO	N MEJIA	,	
			y ia
1756 N	DAVEHODE DRIVI	Firm/ Company	V
1/56 F	i. BAYSHORE DRIVI	Address	<del></del>
MIAM	I, FL 33132	Address	
		City/ State and Zip Cod	e
TC@T	ORRESCONSULTIN	G.US	
•		sed for future annual report	notification)
For further information conce	rning this matter, pleas	se call:at (575	921-1075
Name of Cont	act Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:
_	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 6. Tallahassee	t Section Corporations 327	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

RAM BPO CORP		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P21000073459		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
LOGEASY CORP		The new
name must be distinguishable and contain the word "corporation," "co" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbre professional corporation name must c	eviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	202 NOV
new registered agent and/or the new registered office address:		
Name of New Registered Agent	<i>;</i>	N A
<u> </u>		77.0
(Florida stree	et address)	5
New Registered Office Address:	, Florida	01
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi  Signature of New Reg	ith and accept the obligations of the posi	ition.
Check if applicable		
Circle is applicable		

☐ 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)

Remove

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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		~		
Add				
Remove				
2) Change	~	_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				·····
6) Change		_		
Add				

Attach additional s	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)	
<del> </del>		
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-		
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fon amendment:	provides for an exchange, reclassification, or cancellation of issued sha	res
provisions for im	plementing the amendment if not contained in the amendment itself:	
(if not applica	ble, indicate N/A)	
		<del> </del>

10/21/2021	if ashay shaw sh
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	•
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required.	narcholder
■ 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)	
Signature  (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)	- -
PRESIDENT	

(Title of person signing)