Division of Corporations Electronic Filing Cover Sheet

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(((H14000039856 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number: I20110000070

: (305)541-3980

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RUCRI & COMPANY, LLC**

CONT 1 W REMARKS	naa <u> </u>
Certificate of Status	0
Certified Copy	0
, Page Count	04
Estimated Charge	\$25.00

T. B. S. FEB 2 0 2014

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

RUCRI & COMPANY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

ACCOUNTANT & MANAGEMENT INC

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@TAXLEAF.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOSES NAE

_{"/}305, 541-39

Name of Person

Aren Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fcc

□ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is anclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H1400039856 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUCRI & COMPANY, LLC			
(Name of the Limites	Liability Company as it now annea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L11000137394</u>	bility Company were filed on 1	2/06/2011 and assign	ed
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company b	ere:	
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.	0.4
Enter new principal offices address, if applica	ble:	ALL SEC	*******
(Principal office address MUST BE A STREE)	cipal office address MUST BE A STREET ADDRESS		
		<u>se</u>	i ecratem
Enter new mailing address, if applicable:		E.F.S.	M
(Mailing address MAY BE A POST OFFICE B	<u></u>	TAJE ORDA	
B. If amending the registered agent and/or registered agent and/or the new registered off		n our records, enter the name of	the new
Name of New Registered Agent:	ACCOUNTANT & MANA	AGEMENT INC	
New Registered Office Address:	1549 NE 123RD ST	orida street address	·
	NORTH MIAMI	Florida 33161	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Address</u> Type of Action Name 1549 NE 123RD ST **MGRM** RUFINO NESTOR FIGUEREDO □ Add N MIAMI, FL 33161 Remove 1549 NE 123 ST FIGUEREDO, MARIA N NORTH MIAMI, FL 33161 1549 NE 123 ST FIGUEREDO, CLAUDIA C NORTH MIAMI, FL 33161 MGR 8175 NW 12TH ST STE 13图 SOLUTIONS BY ACCOUNTANTS INC MIAMI, FL 33129 □ Remove _□ Remove

PITAUQUI	138036 3
If amending any other information, enter change(8) here	e: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or fi	(optional)
The effective date must be specific, cannot be prior to date of receipt or fi the date this document is filed by the Florida Department of State)	iled date and cannot be more than 90 days after
Dated FEBRUARY 11TH 2014	13 12
, , , , , , , , , , , , , , , , , , , ,	
Signature of a methber or author	rized more enities et a member
RUFINO NESTOR FIGUERE	

EB 19 AMIN: RETARY OF STA NHASSEE, FLOR

Page 3 of 3