

L16000103482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

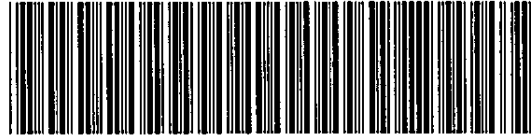
(Business Entity Name)

(Document Number)

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JUL 29 2016
S. YOUNG

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TALLAHASSEE, FLORIDA
16 JUN 28 PM 12:06

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ruiz Direct Transportation, 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:

Rene Ruiz / Wilburt Todd Peterson
Name of Person

Ruiz Peterson Transportation LLC
Firm/Company

350 Lake Shepard Dr.
Address

Apopka Florida 32703
City/State and Zip Code

ruizpetersontransportation@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Wilburt Todd Peterson at (321) 277-2942
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ruiz Direct Transportation, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/26/2016 and assigned Florida document number L16000103482.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ruiz Peterson Transportation, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

350 Lake Shepard Dr.

Apopka Florida 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

350 Lake Shepard Dr.

Apopka Florida 32703

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rene Ruiz	2272 Blue Sapphire Circle	<input checked="" type="checkbox"/> Add
		Orlando FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wilburt Todd Peterson	350 Lake Shepard Dr.	<input checked="" type="checkbox"/> Add
		Apopka FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 16 JUL 28 PM 12:05

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 25th, 2016.

Signature of Rene Ruiz
Signature of a member or authorized representative of a member

Rene Ruiz
Typed or printed name of signer