## Florida Department of State Division of Corporations Exectionic Filling Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			<u>·</u> .
	Division of Co		
	Fax Number	: (850)617-6383	
From:			
		: REGISTERED AGENTS INC.	
		r : I20090000081	
	Phone	: (307)200-2803	
	rax Number	: (855)330-1010	
Enter the (	email address fo	or this business entity to be used fo	r future
annual	report mailings	<ol> <li>Enter only one email address please</li> </ol>	e. <b>**</b>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RUBEST GERMAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Helpo SIMMONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2029 MAY 18 AH 10: 18

Rubest German LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)	•
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/16/20}{100000000000000000000000000000000000$	20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:  Name of New Registered Agent:	s, enter the name of the new registered
New Registered Office Address:	
Enter Florida su	eet address
	, Florida Zip Code
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 provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chapteing filed to merely reflect a change in the registered office address, I hereby co-company has been notified in writing of this change.	luties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

## 2020 MAY 18 AH 10: 18

. . . .

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GERMAN ALFONSO RINCON	7901 4th St N STE 300	≣Add
		St. Petersburg, FL 33702	□Remove
			□Change
AMBR	RUBEN DARIO SABOGAL	7901 4th St N STE 300	■Add
		St. Petersburg, FL 33702	□Remove
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ffective date, if other than the date of filing:  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 605 020 tote:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  The 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 date of the file of the specifies and days after the day after the date.  Signature of a member or authorized representative of a member						·:
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Filing Fee: \$25.00