hU5000052894

Office Use Only



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En. 11/22--10033 -837 -**25.88

22 APR 13 AM 8- 22

T. MATTHEWS

MAY - 5 2022

COVER LETTER

			* *	
300atCT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	EDGAR RUIZ			
Division of Corporations				
	RUVIK, LLC			
75049 Glenspring Way Address				
	75049 Glenspring Way			
75049 Glenspring Way Address Yulee, Fl. 32097 City/State and Zip Code MMARTINEZ@TOTALCORPCONSULTANTS.COM E-mail address: (to be used for future annual report notification)				
	Yulee, FL 32097			
		City/State and Zip Code		
	•			
For further information e		·	tification)	
	oncerning this matter, prease c			
		nt I		
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 13 AM 8: 33

RUVIK, 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 05/27/2005 _____ and assigned Florida document number <u>L05000052894</u> 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 designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: 75049 GLENSPRING WAY (Principal office address MUST BE A STREET ADDRESS) YULEE, FL 32097 Enter new mailing address, if applicable: 75049 GLENSPRING WAY (Mailing address MAY BE A POST OFFICE BOX) YULEE, FL 32097 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: EDGAR RUIZ Name of New Registered Agent: 75049 GLENSPRING WAY New Registered Office Address: Enter Florida street address

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.

City

YULEE

f Changing Registered Agent, Signature of New Registered Agent

______. Florida 32097 Zip Code 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>	Address	Type of Action
MGRM	EDGAR RUIZ	607 W. INDIAN KEY DR.	
		PORT ST. LUCIE, FL 34986 US	≣Remove
			□Change
MGR	MGR JAIME VICTORIA	CARRERA 58 #86-125	□Add
		BARRANQUILLA, CO, 00000 CO	≅Remove
			□Change
AMBR	EDGAR RUIZ	75049 GLENSPRING WAY	■Add
		YULEE, FL 32097	Remove
			□Change
,- <u></u>			□ Add
		·	□Remove
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Dated APRIL 4TH 2022	
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Signature of amember of authorized representative of a member	
EDGAR RUIZ	

Filing Fee: \$25.00