

L060000002625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200314891392

06/29/18--01020--025 **25.00

2018 JUN 29 AM 11:15
B FIGUEROA
JUL 05 2018

B FIGUEROA

JUL 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUEVE PROPERTIES, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

STEPHEN C. RUEVE

Name of Person

RUEVE PROPERTIES, LLC

Firm/Company

632 RUMSON RD

Address

BIRMINGHAM AL 35209

City/State and Zip Code

scrueve@gmail.com

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

For further information concerning this matter, please call:

STEPHEN C. RUEVE

205 790-3286

at ()

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**

RUEVE PROPERTIES, 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 01/05/2006 and assigned Florida document number L06000002625.

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:

(Principal office address MUST BE A STREET ADDRESS)

RUEVE PROPERTIES, LLC

632 RUMSON RD

BRIMINGHAM AL 35209

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RUEVE PROPERTIES, LLC

632 RUMSON RD

BRIMINGHAM AL 35209

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

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	CONNIE S. RUEVE	4745 CERROMAR DR	<input type="checkbox"/> Add
		NAPLES, FL 34112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHEN C. RUEVE	632 RUMSON RD	<input checked="" type="checkbox"/> Add
		BRIMINGHAM AL 35209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL W. RUEVE	1001 BELVEDERE CV	<input checked="" type="checkbox"/> Add
		BIRMINGHAM AL 35242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISA R. NELSON	63 THREE LAKES DR	<input checked="" type="checkbox"/> Add
		SAN ANTONIO, TX 78248	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

29 JUN 29 AM 11:15
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

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.

(b) The 90th day after the record is filed.

Dated

June 25, 2018

Com. Linn T.
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

CONNIE S. RUEVE, Trustee, Connie S. Rueve Revocable Trust

Typed or printed name of signee