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COVER LETTER

	Registration Sec Division of Corp		·	*
CUDIEC		T MANAGEMENT GROUP	, LLC	
SUBJEC		Name of Limi	ited Liability Company	
The enclo	osed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	to the following:	
		RUTH P. LONDONO		
			Name of Person	
		RU PROJECT MANAGEM	MENT GROUP, LLC	
			Firm/Company	, , , , , , , , , , , , , , , , , , , ,
		P.O. Box 26777		
			Address	
		Tampa, FL 33623		
			City/State and Zip Code	
		rugroup@live.com		
		E-mail address: (t	o be used for future annual report n	otification)
For furthe	er information co	ncerning this matter, please ca	ili:	
RUTH P	. LONDONO		813 919-7802 at ()	
	Name of	Person		ime Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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

RU PROJECT MANAGEMENT GROUP,		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 10/26/2009	and assigned
Florida document number L09000103129	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		F6 = 11
(Principal office address MUST BE A STREET ADD	RESS)	1 2011 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		923 11
Enter new mailing address, if applicable:		9A 2
(Mailing address MAY BE A POST OFFICE BOX)		Sm F
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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>	Address	Type of Action
VP	Luis F. Londono	P.O. box 26777. Tampa, FL 33623	
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			Change
			Add
			□ Remove
			□ Change
			
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ective date, if other than	the date of filing	July 28, 2015	í	(optio	onal)	
effective date is listed, the date	must be specific and	i cannot be prior to		e than 90 days after	filing.) Pursuant to 6	
te: If the date inserted in the tument's effective date on the			ne statutory ming	requirements, this	date will not be if	isted a:
record specifies a dela			an effective tir	ne, at 12:01 a	.m. on the ear	lier o
HE JUH HAV AHEL HIE	record is filed.					
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Inty 28		2015				
July 28	, ,	•	- ·		CRI BE	-
July 28	moono	•	-· 8/2015 .		AUG -1	
July 28	ONO NO Signature of a r	•	_ · 8/2015 . Ized representative o	fa member	SE F	•
July 28	Moo NO Signature of a r	•	- · 8/2015 . zed representative o	f a member	SE +	•

Page 3 of 3

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