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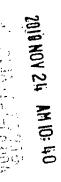
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C. LEWIS NOV 2 9 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	ction (**) porations	•			
subject:	Ruvi	nato LLC			
		ed Liability Company			
		_/			
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspor	ndence concerning this matter to	o the following:			
		Anthony Ditizio			
		Name of Person			
	Ruvinato LLC				
	Firm/Company				
		3004 NW 154th St			
		Address			
	Mi	ami Lakes FL 33016			
	IVIII	City/State and Zip Code			
		be used for future annual report no			
For further information co	incerning this matter, please cal	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	hony Ditizio	at (305)	588 3058		
Name of	Person	Area Code & Dayti	ime Telephone Number		
Enclosed is a check for the	e 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 & ed) 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

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	Ruvina	to LLC	71.	ing and the second	
(<u>Name of the Limite</u>	d Liability Compa A Florida Limited I	ny as it now apper Liability Company)	ars on our records.), 388	E.FLORIBA	
The Articles of Organization for this Limited	Liability Company	were filed on	June 07, 2010	and assigned	
Florida document number L1000006					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, <u>enter the new name</u>	of the limited liab	oility company he	ere:		
The new name must be distinguishable and end w "L.L.C."	vith the words "Lim	ited Liability Com	pany," the designation "Ll	LC" or the abbreviation	
Enter new principal offices address, if appl	8004 NW 154th St				
(Principal office address MUST BE A STREET ADDRESS)		Miami Lakes FL			
		33016			
Enter new mailing address, if applicable:		8004 NW 15	64th St		
(Mailing address MAY BE A POST OFFICE	PO BOX 410				
		Miami Lake:	s FL 33016		
B. If amending the registered agent and registered agent and/or the new registered of	0		our records, enter th	ne name of the new	
Name of New Registered Agent:					
New Registered Office Address:	8004 NW 1				
		E	nter Florida street addr	ens	
	M	liami Lakes	, Florida	33016	
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name **Type of Action Address** ☐ Add Remove ☐ Add Remove Add Remove Add Remove □ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 17 2010 Dated ____ Signature of a member or authorized representative of a member **Anthony Ditizio** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00