

L10000078724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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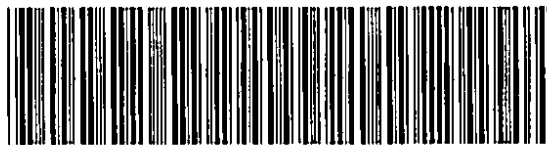
(Business Entity Name)

(Document Number)

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17 JUL 31 AM 11:49
TALLAHASSEE, FLORIDA

AUG 03 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUTH STEINBERG, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LEOPOLDO CARRENA

Name of Person

Firm/Company

PO BOX 173240

Address

MIAMI, FL., 33017-3240

City/State and Zip Code

polocarrena@gmail.com

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

For further information concerning this matter, please call:

LEOPOLDO CARRENA

786

5569880

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**

RUTH STEINBERG, 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 07/27/2010 and assigned
Florida document number L10000078724.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

715 PAVILION CRPL, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

PO BOX 173240

MIAMI, FL., 33017-3240

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:

LEOPOLDO D. CARRENA, P.A.
LEOPOLDO CARRENA, P.A.

New Registered Office Address:

5601 COLLINS AVE., APT. # 715.

Enter Florida street address

MIAMI BEACH

Florida 33140

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	SERGIO SALOMONE	5601 COLLINS AVE., APT. # 715	<input type="checkbox"/> Add
		MIAMI BEACH, FL., 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEOPOLDO CARRENA	5601 COLLINS AVE., APT. # 715	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL., 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

17 JUN 31 AM 11:59
 ALABAMA STATE FLORIDA

17 JUL 31 AM 11:11
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-11-2010 BY 60322
UCBAW/SST/STP

17 JUL 31 AM 11:49
ALLIANCE FLORIDA
ALLIANCE FLORIDA

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.

Dated 07/27 2017

Signature of a member or authorized representative of a member

LEOPOLDO CARRENA

Typed or printed name of signee