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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:

**RUBEMON 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:

## **GINA ALVAREZ**

Name of Person

Firm/Company

14501 SW 88 ST APT H105

Address

MIAMI, FL, 33186

City/State and Zip Code

gptalvarez@gmail.com

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

For further information concerning this matter, please call:

**GINA ALVAREZ** 

<sub>31</sub>,786,9857781

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

RUBEMON LLC			
(Name of the Limited	l Liability Compa A Florida Limited	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L			
Florida document number L11000080992			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and end wi	ith the words "Lim	ited Liability Company," the	
L.L.C.		A1/A	
Enter new principal offices address, if applied	cable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		and and
B. If amending the registered agent and	or registered o	ffice address on our rec	cords, enter the name of the new
registered agent and/or the new registered of	office address he	<u>re</u> :	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Flo	rida 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address Type of Ac	<u>tion</u>
MGR	RUBY MONTOYA	14501 SW 88 ST APT H105	d
		MIAMI, FL, 33186	nove
MGR	ADRIANA ALVAREZ	14501 SW 88 ST APT H105	j
		MIAMI, FL, 33186	nove
		<u> </u>	-
			nove
		Add	1
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		Rer	nove

11 ani	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  N/A
ed	
	Com P. Munach
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 2 of 3

Page 3 of 3

Filing Fee: \$25.00

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