

(Re	equestor's Name)	
(Ad	ldress)	
<del>.</del> (Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400259046044

04/28/14--01033--004 \*\*25.00

B. BOSTICK

APR 3 0 2014

**EXAMINER** 

## **COVER LETTER**

Division of Cor	
SUBJECT:	RENEE BENRUBI LLC
	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	RENEE BENRUBI  Name of Person
	Name of Person
	RENEE BENRUBI LLC
	Ei/C
	2305 LUCAYA LANE, APT L3
	Address
	COCONUT CREEK FL 33066
	City/State and Zip Code
	RENEE. BENRUBI @ GMAIL. COM
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
RENEE 2	BENRUB1 at (561) 302 4700  Area Code Daytime Telephone Number
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	ហ

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

RENE	E BEN	RUBI L	LC	
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on o Jability Company)	our records.)	<del></del>
The Articles of Organization for this Limited I Florida document number		were filed on 12/	15/2011	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:	RENEE	BENRUB	<u>/</u>
(Principal office address MUST BE A STRE	ET ADDRESS)	2305 LU	CAYA LAN	IE, APT L3 FL 33066
		COCO NUT	CREEK	71 33066
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
				<del></del>
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the	name of the new
Name of New Registered Agent:	RE	NEE BEI	VRUB/	
New Registered Office Address:	2305	LUCAYA	LANE, A	1PT L3
	COCONU	LUCAYA  Enter Florida str  City	reet address   Florida 33	3066
		City		ip 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

Page 1 of 3

If amendin <u>Authorized</u>	g the Managers or Authorized Member Member being added or removed from	on our records, enter the title, name, and address of each Manager or our records:
MGR = N AMBR = A	Aanager Authorized Member	AMENDING ADDRESS of  Address Manager only. Type of Action  2305 LUCAYA LANE, APT L3  COLONUT CREEK FL 33066  Remove
<u>Title</u>	<u>Name</u>	Address Manager only. Type of Action
MGR	RENEE BENRUBI	2305 LUCAYA LANE, APT L3
		COLONUT CREEK FL 33066  Remove
-		□ Add
		Remove
		<del></del>
		Add
		□ Remove
<del></del>		Add
		Remove
		Add
		Remove
		5.7 - 5.1

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
_	
he effect the date t	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated _	APRIL 215t. , 2014.
	?enubi
	Signature of a member or authorized representative of a member
	RENEE BENRUBI

Page 3 of 3

Filing Fee: \$25.00