

L12 0000 22070

(Requestor's Name)

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(City/State/Zip/Phone #)

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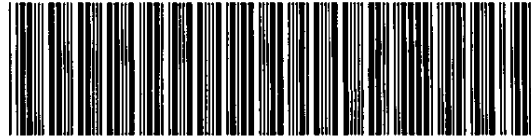
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 26 2016  
J. HARRIS

# LAW OFFICES OF CURTIS & ASSOCIATES PA

C. WILLIAM CURTIS III  
JAIME COUNCIL  
ROSE SHABO ALBERRE  
STEPHEN DIFATO

FATIAHIVORY@CURTISFIRM.COM

July 20, 2016

Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: RUE2103 LLC**  
*Articles of Amendment to Articles of Organization*

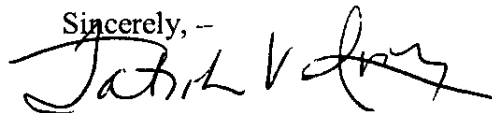
Dear Sir or Madam:

Enclosed herewith are the cover letter, original Articles of Amendment to Articles of Organization, and a check in the amount of \$25.00, representing the fee for filing the articles of amendment to articles of organization for RUE2103 LLC.

Please return a filed copy of the Articles of Amendment to Articles of Organization in the enclosed, self-addressed stamped envelope.

If you have any questions, please call our office. Thank you.

Sincerely, --



Fatiah V. Ivory, Paralegal

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RUE2103 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:

C. William Curtis III, Esq.

\_\_\_\_\_  
Name of Person

Law Offices of Curtis & Associates, P.A.

\_\_\_\_\_  
Firm/Company

701 Market Street, Suite 109

\_\_\_\_\_  
Address

St. Augustine, Florida 32095

\_\_\_\_\_  
City/State and Zip Code

matthewmedure@gmail.com

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

For further information concerning this matter, please call:

C. William Curtis III

904 819-6959  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

RUE2103 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 2/15/2012 and assigned  
Florida document number L12000022070.

This amendment is submitted to amend the following:

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

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)**

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*, Florida*

*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	Sal Madafarri	2103 San Marco Blvd.	<input type="checkbox"/> Add
		Jacksonville, Florida 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
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 10:11 AM  
 10:11 AM

[illegible]

**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 5-27-16, \_\_\_\_\_

Typed or printed name of signee

**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA