

11/17/21 2:18 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RUCAL HOMES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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FILED  
DIVISION OF CORPORATIONS  
FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**RUCA HOMES 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 May 17, 2012 and assigned Florida document number L12000066884.

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)**

130 Island Drive

Key Biscayne, Florida 33149

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

130 Island Drive

Key Biscayne, Florida 33149

**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

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 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          | Juan M. Ruiseco-Gutierrez | 130 Island Drive            | <input type="checkbox"/> Add               |
|              |                           | Key Biscayne, Florida 33149 | <input type="checkbox"/> Remove            |
|              |                           |                             | <input checked="" type="checkbox"/> Change |
| MGR          | Maria C. Carbonell-Gomez  | 130 Island Drive            | <input type="checkbox"/> Add               |
|              |                           | Key Biscayne, Florida 33149 | <input type="checkbox"/> Remove            |
|              |                           |                             | <input checked="" type="checkbox"/> Change |
|              |                           |                             | <input type="checkbox"/> Add               |
|              |                           |                             | <input type="checkbox"/> Remove            |
|              |                           |                             | <input type="checkbox"/> Change            |
|              |                           |                             | <input type="checkbox"/> Add               |
|              |                           |                             | <input type="checkbox"/> Remove            |
|              |                           |                             | <input type="checkbox"/> Change            |
|              |                           |                             | <input type="checkbox"/> Add               |
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|              |                           |                             | <input type="checkbox"/> Change            |
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|              |                           |                             | <input type="checkbox"/> Remove            |
|              |                           |                             | <input type="checkbox"/> Change            |

