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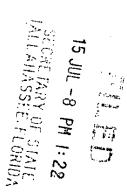
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COVER LETTER

	gistration Sec vision of Corp		• • •	
SUBJECT:	RUVAS A	PARTMENT, LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspon	dence concerning this matter t	to the following:	
		JOHN S. BOHATCH	, ESQ.	
			Name of Person	
		GUTTENMACHER,	BOHATCH & PENARANDA	, P.A.
			Firm/Company	
		7301 SW 57th Court	, Suite 560	
			Address	
		South Miami, FL 331	43	
			City/State and Zip Code	
		jbohatch@gbptaxlaw.		
		·	o be used for future annual report notification	ation)
For further	information co	ncerning this matter, please ca	ill:	
JOHN S. BOHATCH, ESQ.			305 666-1040	
	Name of	Person	Area Code Daytime T	elephone 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

RUVAS APARTMENT, 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 Co	ompany were filed on May 8, 2014	and assigned
Florida document number L14000074676		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the new
Name of Nam Davistand Asset		~ C7
Name of New Registered Agent:		- 5
New Registered Office Address:	Enter Florida street address	
		SS CO
	, Florida	Zlin Code
New Registered Agent's Signature, if changing Registered	r	
		No.
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co		
accept the obligations of my position as registered ag being filed to merely reflect a change in the registered		
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>	Address	Type of Action
MGR	ADRIANA A. VASQUEZ	4411 NE 29th AVE	
		Lighthouse Point, FL 33064	■ Remove
			☐ Change
MGR	EDUARDO RUIZ	4411 NE 29th AVE	Add
		Lighthouse Point, FL 33064	■ Remove
			Change
MGR	GUSTAVO VASQUEZ	4411 NE 29th AVE	
		Lighthouse Point, FL 33064	■ Remove
			Change
MGR	AV & ER MANAGEMENT, LLC	2510 NE 44th ST	■ Add
		Lighthouse Point, FL 33064	Remove
			☐ Change
			Change
			Remove
			□ Change

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Note: If the date is document's effective	nserted in this bl	ock does no	t meet the	applicable	statutory f	iling require	ments, this	date will r	not be li	sted
document s effecti	ve date on the Di	partment o	1 State 5 ft	ecorus.						
he record speci	fies a delavec	l effective	date h	ut not a	n effectiv	e time at	12.01 =	m on t	ha azr	dier
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Dated	11/2	y 26	_, 20	115_						
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		Signature of	a member	or authorize	d representa	tive of a mem	ber			

Page 3 of 3

Filing Fee: \$25.00