

L140000 76502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

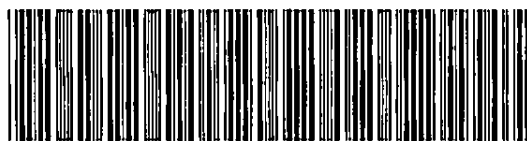
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/07/20--01015--002 **25.00

FILED

2020 APR -7 PM 3:05

04/07/20 1:10:00

Amend

APR 21 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rubin Business Holdings, 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:

Alanna Rubin
Name of Person

Rubin Business Holdings, LLC
Firm/Company

4913 Brandywine Dr
Address

Boca Raton, FL 33487
City/State and Zip Code

agrmidwife@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alanna Rubin at 772 215-7331
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Rubin Business Holdings, LLC

Page 1 of 3

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>
AMBR	Alanna Rubin	4913 Brandywine Dr	<input type="checkbox"/> Add
		Boca Raton FL 33487	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Steven Rubin	4913 Brandywine Dr	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change Alanna Rubin and Steven Rubin from MGR's to AMBR's.

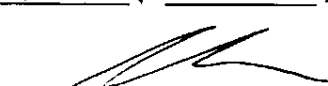
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 4/3/2020, 2020



Signature of a member or authorized representative of a member

Steven Rubin

Typed or printed name of signee