L14000130837

(Re	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ruka Auto Sales LCC
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:
Sergel Sauln Name of Person
RUKA Auto SALES LLC
Firm/Company
1209 Propoeu Club DR. Address
Francis City Beaces FL 32407 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sexees Sour at (850) 566 7380.
Name of Person Area Code Daytime Telephone Number
Exclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Status Solution Status Status Solution Status Status Status Solution Status Status Solution Status Stat

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

ARTICLES O	OF ORGANIZATION 📉
•	OF STATE OF
EURA Auto Si	100 miles 1 mi
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Com	pany were filed on SUNBIZ . 2006 and assigned
Florida document number <u>L 14000130837.</u>	A STATE OF THE STA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
RUXA AUTO SALES LI	CC
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:	8000 FRONT BEN LO, 311/6 A PANONA ONLY BROWN FL 321107.
(Principal office address MUST BE A STREET ADDRES	(S) PANONIA COLY BEACH + 6 321107.
	4
Enter new mailing address, if applicable:	Janana City Beach FL, 32407
• • • •	January Col Rose El agrico
(Mailing address MAY BE A POST OFFICE BOX)	THINAMING CITY BEGEN PL, 3240)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	leg Lupousroi
New Registered Office Address: 929	MARINA DE PANAMA CHY Beach Enter Florida street address
Ø.	Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
MGR	Sergel SANIN	1209 PAROSCA Club De	□ Add
		PANNING City Bears	Remove
		1209 PAROSCA Club DX PANNING City Beacon Fl 32407	Change
			□ Add
			Remove
			Change
			□ Add
			Remove
		 	_□ Change
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<u></u>		Signature of	f a member or a	authorized repres	sentative of a m	ember SET OF	S S	

Page 3 of 3

Filing Fee: \$25.00