14000137859

(Reque	stor's Name)	
(Addres	ss)	_
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(City/St	ate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nan	ne)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2018

NAZEERA DUPOUX 3627 DAVIE BLVD FORT LAUDERDALE, FL 33312

SUBJECT: RUELLIO, LLC Ref. Number: L14000137859

We have received your document for RUELLIO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 was missing from your document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III Letter Number: 518A00018917, 100

23

COVER LETTER

TO:	Registration Se Division of Con			
SUBJE	RUELLIO	LLC		
SUBJE	LI:	Name of Lin	sited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		NAZEERA DUPOUX		
			Name of Person	
		DAVIE ACCOUNTING	& ASSOCIATES	
			Firm/Company	
		3627 DAVIE BLVD		ı
			Address	
		FORT LAUDERDALE, F	LORIDA 33312	•
			City/State and Zip Code	
		davieacct@gmail.com		
For forth	- information a	concerning this matter, please o	to be used for future annual report noti	ncason
		orecoming this matter, picase c		
NAZEERA DUPOUX Name of Person		954 791-6671 at () Area Code Daytim	e Telephone Number	
	teame o	r remon	Area Code Dayum	e Tempinale Multiper
Enclosed	i is a check for t	he following amount:		
_	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)
		ING ADDRESS: ration Section	STREET/COURI Registration Section	
	Divisio	on of Corporations ox 6327	Division of Corpor Clifton Building	
		ox 6327 Assee, FL 32314	2661 Executive Ce	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUELLIO LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited I Florida document number L14000137859	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	pility company here:	2016
NA			(1) (1)
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation #L.L.C."
Enter new principal offices address, if appli	cable:	NA	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		9.
			•
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E <u>BOX)</u>	# P.O. Pox 812 Hollywood, FL	3040 33081
 If amending the registered agent and egistered agent and/or the new registered of 			enter the name of the ne
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		Enter Florida street address	
		, Flor	rida
		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>	Name	Address	Type of Action
<u>VP</u>	ANGEL SOTO	P.O. Box 813040 Hollywood, FL 33081	
		Hollywood, FL 33081	≅ Remove
			Change
			🗆 Add
			☐ Remove
			Change (C)
			O Add
			D Remove
			Change
			O Add
			C Remove
			Change
			D Add
			Remove
			Change
			□ Add
			C Remove
			D Change

Effective date, if other than the date of filing: 1	
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. The early of the early o	
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The 90th day after the record is filed.	listed as t
Dated 9 /24/6	arlier of:
Signature of a member or authorized representative of a member	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00