# L14000172756

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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



08/24/20 -01010--004 ++25.00







Division of Corporations

October 13, 2020

DAVID M. PLATT 2427 PERIWINKLE WAY SANIBEL, FL 33957

SUBJECT: RUE DU RIX, LLC Ref. Number: L14000172756

We have received your document for RUE DU RIX, 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):

You must submit all pages for filing. Page 2 of 3 is missing.All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 220A00020111

### **COVER LETTER**

# · · · · · · · · ·

TO: Registration Section Division of Corporations

. RUE DU RIX, LLC

SUBJECT: \_

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:

David M. Platt

Name of Person

David M. Platt, P.A.

Firm/Company

2427 Periwinkle Way

Address

Sanibel, Florida 33957

City/State and Zip Code

david.platt@sancaplaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filmg Fee

☐ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

ARTICLES OF A TO ARTICLES OF O O	O PRGANIZATION ENER
RUE DU RIX, L (Name of the Limited Liability Compa-	LC <b>2020 OCT 23 AM 8: 28</b> ny as it now appears on our <b>SEGRE</b> TARY OF STATE Lability Company) TALLAHASSEE, FL
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>L14000172756</u> .	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C." 2427 Periwinkle Way
Enter new principal offices address. if applicable: (Principal office address MUST BE A STREET ADDRESS)	Ste. B Sanibel, Florida 33957
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. Box 146 Sanibel, Florida 33957
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>

Name of New Registered Agent:	Sancap Registered Agents, I	LC
New Registered Office Address:	2427 Periwinkle Way, Ste. B	
	Enter Florida street address	
	Sanibel	, Florida <sup>33957</sup>
	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.

HChanging Registered Agent, Signature of New Registered Agent For Sancep Registered Agent, LC-

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
			🗆 Add
			□Change
			🖸 Add
			□ Change
			🖾 Add
			🗋 Change
			🗆 Add
			🗆 Change
		·	🗆 Add
			Change
			🗆 Add
			□Change

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

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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.

Dut	August 20	2020	
Dated _			
		XXXXX	
		Signature of a member or authorized representative of a member	
		David M. Platt, authorized representative of Lynette Bard, Member	
		Typed or printed name of signee	

typed or printed name of signee