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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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15 JUN 29 PN 3: 01

J. HARRIS

COVER LETTER

TO:		stration Secti			
CLID II		RUBEN 26 LI	LC		
SUBJE	CI:		Name of Limit	ed Liability Company	
			nendment and fee(s) are submence concerning this matter to	_	
			JONATHAN BADDOUCH	IE.	
				Name of Person	
			RUBEN 26 LLC		
				Firm/Company	·····
	19390COLLINS AVE #411				
				Address	· · · · · · · · · · · · · · · · · · ·
			SUNNY ISLESFL 33160		
			BENB@WOW.COM	City/State and Zip Code	
For furth	her in	formation con	e-mail address: (to cerning this matter, please cal	be used for future annual report notification:	on)
		BADDOUCH		305 7636842	
Name of Person			at ()	ephone Number	
Enclose	d is a	check for the	following amount:		
\$25.	.00 Fi	iling 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)
			G ADDRESS: on Section	STREET/COURIER A Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUBEN26LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	04/09/2015 and assigned
Florida document number L15000062389	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	nere:
he new name must be distinguishable and contain the words "Limited Liability Company," the	······
Enter new principal offices address, if applicable:	Un Con
Principal office address MUST BE A STREET ADDRESS)	12.1
	29 P
	무료 문
Enter new mailing address, if applicable:	<u> </u>
	02
	**
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Fi	orida street address
	, Florida
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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BENJAMIN BADDOUCHE	19390 COLLINS AVE #411	Add
		SUNNY ISLES FL 33160	■ Remove
			☐ Change
MGR	JONATHAN BADDOUCHE	3640 NE 190TH ST #604	_■ Add
		AVENTURA FL 33160	□ Remove
			Change
			□ Add
			□ Remove
		Control of the Contro	□ Change
		***	□ Remove
			Change
			Add 55
			Removed PH Change
			9: 02: 19: Add
			□ Remove
			Change

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		JULY 1ST2015	ı		
	other than the date o			(optional) D days after filing.) Pur	suant to 605.02
	,		tatutory filing require	nents, this date will	not be listed
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ote: If the date in	nserted in this block do	es not meet the applicable si ent of State's records.			
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