Florida Department of State Division of Comporations Alectronic Filing Cyt Shee

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002470983)))



4150002470983ABC3

Note: DO N	OT hit the REFR page. Doing so	ESH/RELOAD button on your browser from thi will generate another cover sheet.	
A - 14 - 1 MART - 21 - 1 - 1			OCT 15
To:			62점 —
	Division of Cor	rporations	လည္း တာ
	Fax Number	: (850)617-6383	
From:			်ာ္ကြီး တာ
	Account Name	: BUSINESS FILINGS	黑色 资
	Account Number		္ကား
		: (608)827-5300	
	Fax Number		•
		or this business entity to be used for futur . Enter only one email address please.**	e
Email A	Address:		
		,	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REEVA'S'RITINGS WITH RUACH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 16 2015 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

A150002470983

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		vith Ruach LLC ny as it now uppears on out liability Company)	r records.)			
The Articles of Organization for this Limited Lia Florida document number L1500016920	bil ity Company	were filed on 10/5/2015	5 ax	nd assigned		
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company," the	designation "LLC"	or the abbre	viation	
Enter new principal offices address, if applica	ble:	3831 Mossy Oak D)rive	ΣE	2015	
(Principal office address MUST BE A STREET ADDRESS)		Fort Myers, Florida	33905	221 2421 2431	<u>_</u> S	CS:21.
Enter new mailing address, if applicable:		3831 Mossy Oak D	Prive	133SE 10 ASS	5	paras H exercise d
(Mailing address MAY BE A POST OFFICE BOX)		Fort Myers, Florida	33905	0000 0000 0000	25 25 30 30 30 30 30 30 30 30 30 30 30 30 30	Ta
B. If amending the registered agent and/or the new registered agent and/or the new registered off			cords, <u>enter the n</u>	ame of th	e new	
Name of New Registered Agent:	Reeva Sha	ffer				
New Registered Office Address:	3831 Mossy Oak Drive					
		Enter Flor	ida street address			
	Fort Myers	City	_ Florida <u>33905</u>	Code		
New Registered Agent's Signature, if changing R	egistered Agent:		<i>շդ</i>	, Cout		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply 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

Page 1 of 3

H150002470983

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR ≈ Au	anager ithorized Member		
Title	<u>Name</u>	<u>Address</u> <u>T</u>	vpe of Action
AMBR	Reeva Shaffer	3883 Mossy Oak Drive, Fort Myers, Florida 33905	Add Remove
AMBR	Reeva Shaffer	3831 Mossy Oak Drive, Fort Myers, Florida 33905	Add
			Remove .
			Add
			Add
			Add OCT
			Remove

Page 2 of 3

H150002470983

D. IJ BINE	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
.	
_	
E. Effect (If an effect	ive date, if other than the date of filing:
Dated	10/14 , 2015
	Reeva Shaffer, Member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2015 OCT 15 AM 8: 53