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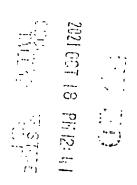
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

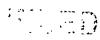
TO:

Registration Section

Division of Cor	rporations		
Ruben Puro	dy LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ross Ruben		
		Name of Person	
	Ruben Purdy LLC		
		Firm/Company	
	11925 Alden Trace Blvd Y	Name of Person rdy LLC Firm/Company Ich Trace Blvd N Address The FL 32246 City/State and Zip Code en@gmail.com E-mail address: (to be used for future annual report notification) matter, please call: at (
		Address	
	Jacksonville FL 32246		
	D MD 1 (2) 11	City/State and Zip Code	
	RossMRuben@gmail.com E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Ross Ruben			
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration 9 Division of C P.O. Box 632	Section Forporations	Registration S Division of Co	orporations
Tallahassee,			oe Street. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ruben Purdy LLC	2021.007.10
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.15000178007}{1.15000178007}$.	pany were filed on 10/20/2015 2 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	liability company here:
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 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
AMBR	Purdy, Danielle	11925 Alden Trace Blvd N	□Add
		Jacksonville FL 32246	■Remove
			□Change
			□Add
			□Remove
			⊡Change
			□Remove
			□Change
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

				
		 		
				
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De	ock does not meet the applic	able statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	5 605,020° ? listed as
cord specifies a delayed effective s filed.	date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
ed October 13th	2021		4	
	Signature of a m	Rosal	M	
 	Signature of a m	entative of a mer	where	_

ETT E COE O

Typed or printed name of signee