

L160000 34726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

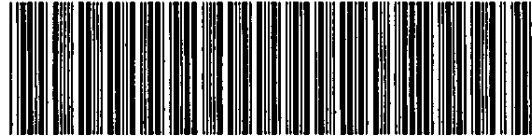
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 29 2016
J SHIVERS

E D D I E N U R I E L I , P . A .
Attorney At Law

**1835 E. Hallandale Beach Blvd.
Suite 117
Hallandale Beach, Florida 33009
Tel. (954) 907-5306**

**20 Vesey Street
Suite 1406
New York, NY 10012
Tel. (212) 267-3550**

E-mail: enurieli@gmail.com

Please reply to Florida office

March 22, 2016

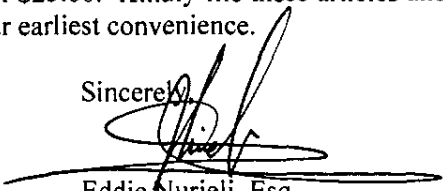
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment / Blindaje Multilock SA, LLC

Dear Sir/Madam:

Attached please find Articles of Amendment for the above captioned limited liability company including the filing fees in the amount of \$25.00. Kindly file these articles and forward the recorded document to my Florida office at your earliest convenience.

Sincerely,


Eddie Nurieli, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLINDAJE MULTILOCK SA, LLC
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:

Eddie Nurieli, Esq.
Name of Person
Eddie Nurieli, PA
Firm/Company
1835 E. Hallandale Beach Blvd., Suite 117
Address
Hallandale Beach, FL 33009
City/State and Zip Code
enurieli@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

BLINDAJE MULTILOCK SA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/18/16 and assigned Florida document number L16000034726.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WORLD CARE RUTH S.A., LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2250 NW 114th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Unit 1P

Miami, FL 33172-3652

Enter new mailing address, if applicable:

2250 NW 114th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Unit 1P

Miami, FL 33172-3652

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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16 MAR 28 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

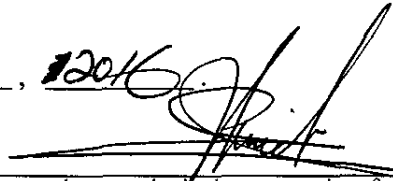
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated March 22, 2016 _____


Signature of a member or authorized representative of a member

EMME WRELC, ESQ. Atty-in-fact
Typed or printed name of signee