L16000059278

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2016 SEP 16 PM 1: 40

K.SALY EXAMINER SEP 21

COVER LETTER

Division of Corporations
SUBJECT: Andrew J. Ruffeft, Ph.D., 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:
Andrew J. Ruffett Name of Person Andrew J. Ruffett, Ph. D., LLC Firm/Company 11869 Carlew Way Address Jacksonv. Ile, FL 32223 City/State and Zip Code aruffett @ bellsouth.net Fe-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew J, Ruffett at (904) 613-1450 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2016 SEP 16 PM 1:40

The Articles of Organization for this Limited Liability Company were filed on Ward 23, 2016 and assigned 216000059278 Florida document number

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	:		_	Nay 32223
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>v</u>	11869 Jackson	Curlens nuille, F	Way -L 32223
B. If amending the registered agent and/or registered agent and/or the new registered office	_	ce address on our	records, ente	r the name of the new
Name of New Registered Agent: New Registered Office Address:	11869	Curlew Enter Florida stre	Way	
	Jack	Enter Florida stre	eet address, Florida _	32223

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 = Au	athorized Member				
<u>Title</u>	<u>Name</u>	Address			pe of Action
AMBR	Ruffelt, Andrew	J. 11869	Curlen	Way ,	□ Add
		Jackson	ille, FL	72223 [□ Remove
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an effective date is listed ote: If the date insert		and cannot be prior ot meet the applic	cable statutory fil	more than 90 days af	tional) ter filing.) Pursuant to 605.02 his date will not be listed a
	a delayed effectiv er the record is file		ot an effective	time, at 12:01	a.m. on the earlier
	1 .0	201	<i>(</i>		
ated Sept	ember 13	Luli	Titt &	h-P.	

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Filing Fee: \$25.00