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## **COVER LETTER**

Division of Cor	porations						
SUBJECT:		ardenas LL(					
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Raquel	A. Castillo, E	Esq.				
	Raquel Cas	Stillo Law O	ffices, PLLC				
	5001 61	llins Ave. S	vite 5C				
		Address					
	Miami	Beach, FL	33140				
		City/State and Zip Code					
	raquelo	castillo a ca	Stillominalaw. con				
	E-mail address: (1	to be used for future annual report notif	ication)				
For further information co	oncerning this matter, please ca	all:					
Raquel	Castillo, Es	9. at (305) 213 ·	-9208				
Name of	Person	Area Code Daytim	c Telephone Number				
Enclosed is a check for th	e 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:

TO:

Registration Section

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 OF

Ruiz Ca	rdenas LLC
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company were Florida document numberL   6 00609.919	<b>,</b> –
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 "Limited Liability (	
Enter new principal offices address, if applicable:	18 A
(Principal office address MUST BE A STREET ADDRESS)	5 T T T T T T T T T T T T T T T T T T T
_	SE 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	20 A
	38
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu 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>	Address	Type of Action
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		Miramar, FL 33027	_ Ø Kemove
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			🗆 Add
			Remove
			🗆 Change
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