## 216000099199

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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			,		
	IDENAS LLC	:			
SUBJECT:	Name of Lim	ited 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:			
	RAQUEL A. CASTILLO,	ESQ.			
	<del> </del>	Name of Person			
	CASTILLO-MINA LAW	OFFICES, PLLC			
		Firm/Company			
	5001 COLLINS AVENUE	E, SUITE 5 C			
		Address	<del></del>		
	MIAMI BEACH, FL 3314	00			
		City/State and Zip Code	········		
	raqueleastillo@castillomina				
	E-mail address: (	to be used for future annual report not	fication)		
For further information of	concerning this matter, please c	all:			
RAQUEL A. CASTILL	0	305 213-9208 at (			
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Co			
P.O. Box 632	27	The Centre of T	Γallahassee		
Tallahassee,	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUIZ CARDENAS LLC		29,	20 Sz 4 Fil 4: C4
	ed Liability Compa		<del>11 4. 64</del>
	(A Florida Limited l	Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 05/23/2016	and assigned
lorida document number L16000099199	<u></u> .		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the	vords "Limited Liabi	lity 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)		4301 N Federal Highway Ste.2	
		Pompano Beach, FL 33064	
Enter new mailing address, if applicable:		4301 N Federal Highway Ste.2	
Mailing address MAY BE A POST OFFICE BOX)		Pompano Beach, FL 33064	
			<u> </u>
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:	Martin Venered	)	
New Registered Office Address:	4301 N Federa	Highway Ste.2	
		Enter Florida street address	
	Pompano Beac	h, Flo	rida 33064
	<u></u>	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 docume 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:

or removed from our records.		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address 2020 SEP - 4 Pil 4: 04	Type of Action
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			Remove
			□ Change
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Note: If the	te, if other than the dat date is listed, the date must be date inserted in this block effective date on the Depar	does not meet the applica	o date of filing or mobble statutory filing	(option ore than 90 days after fig requirements, this o	nal) ling.) Pursuant to 605.0207 date will not be listed as
	·				
record spec l is filed.	ifies a delayed effective da	ite, but πot an effective tir	ne, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
	August 28	, 2020		1	
ated				P	
Pated		Kenn	MAN	100	