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SECRETARY OF STATE AND A SSEE, FLORIDA

D. SCOTT OCT 2 4 2015

## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations			
SUBJECT: The	Ruiz Real	the LLC		
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Ana M.	Name of Person		
	The Awir	Dream LLC Firm/Company		
	5470 sw	116 th Place	2000	
	Olala Fe	34476		
	YU Z Cam D E-mail address: (	City/State and Zip Code  hotmail. com to be used for future annual report notific	cation)	
For further information co	ncerning this matter, please ca			
Ana M.	Ruiz	at ( <u>352</u> ) 208 - 2	<448	
Name of		Area Code Daytime	Felephone Number	
Enclosed is a check for the	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 Filin Certificate Certified C (additional co	of Status &
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	PH 3: 17 OF STATE EE, FLORIDA

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Rujz Realty LCC	
( <u>Name of the Limited Liab</u> lity Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on DU/17/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  The Luiz Dream LLC  The new name must be distinguishable and contain the words "Limited Liability	<del></del>
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Top Code
New Registered Agent's Signature, if changing Registered Agent:	AHA PLETA
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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 **Type of Action** <u>Title</u> Name <u>Address</u> \_ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add \_□ Remove Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change

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E. Effectiv	ve date, if other than the date of filing: (optional)
(If an effective Note: I	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ant's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	To the second
Dated _	
Dated _	And All
Dated _	Signature of a member or authorized representative of a member
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00