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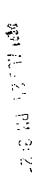
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COVER LETTER

TO: Registration Se Division of Cor			
RUTH MA			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MANTILLA PALACIOS	. RUTH	
		Name of Person	
	RUTH MARINA LLC		
		Firm/Company	
	925 NE 3 ST		
		Address	
	HALLANDALE BEACH	. FL 33009	. <u>T</u>
		City/State and Zip Code	
	E mail addraces	to be used for future annual report not	· · · · · · · · · · · · · · · · · · ·
For further information of	oncerning this matter, please o	•	
		art.	રુ: 29
MANTILLA PALACIOS		at ()	ne Telephone Number
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 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 S	-	Street Address:	ction
Division of C		Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	Γallahassee
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUTH MARINA 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 $\frac{02/23/2017}{1}$ and assigned Florida document number L17000043864 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 Company," the designation "LLC" or the abbreviation "LLC." 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) جي 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

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.

City

If Changing Registered.	Agent, Signature of Ne	w 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
MGR	MORA VALVERDE, FREDDI	925 NE 3 ST	
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
			
			□Remove
		<u> </u>	□Change
			SDAdd
			SRemove
			□Change
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