

L17000072477

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000109265,3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DEALER CONSULTING SERVICES, INC.
Account Number : I20010000121
Phone : (305) 758-9001
Fax Number : (888) 501-2390

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CORPORATIONS@DCSMIAMI.COM

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RUESCH CLASSICS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

2017 APR 20 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

(((H17000109265 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: RUESCH CLASSICS 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:

ALEXANDRA BAUTISTA
Name of Person
DEALER CONSULTING SERVICES
Firm/Company
7537 NW 7TH AVE
Address
MIAMI, FL 33150
City/State and Zip Code
CORPORATIONS@DCSMIAMI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA BAUTISTA at **(305) 758-9001**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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

((H17000109265 3))

RUESCH CLASSICS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 04/03/2017 and assigned Florida document number L17000072477

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 "L.L.C."

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 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

City, Florida 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

(((H17000109265 3)))

Title Name Address Type of Action

MGR CESAR MARIANO FUNES 2020-2024 N.E. 155TH ST UNIT#8 NORTH MIAMI BEACH, FL 33182 Add

_____ _____ _____ Remove

_____ _____ _____ Change

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 19 2017

[Handwritten Signature]

Signature of a member or authorized representative of a member

FERNANDO RUESH BERTOTTI

Typed or printed name of signee