02/26/2018 11

Division of Corporations

٠. ....

Page: 1/2

Page 1 of 2

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000063826 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To;

Division of Corporations

Fax Number

: (850)617<sup>3</sup>-6383

From:

Account Name

: RITTER, ZARETSKY, LIEBER & JAI

Account Number : I20010000015 : (305)372-0933

Fax Number : (305)704-8111

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RUFINA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

FEB 2 6 2018

S. WARREN

FEB 2 6 2018

Electronic Filing Menu

Corporate Filing Menu

Help

From: 7862457404 RTE TITLE Webfax

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to sec	tion 605.0209, F.S., this document is being submitted to c	correct a previously filed document.		
FIRST		me of the limited liability company is:			
		RUFINA, LLC	·		
SECOND: The Florida Document number of the limited liability company is: L18000029922					
THIRE	<u>2</u> :	Document to be corrected is: ARTICLES OF	ORGANIZATION	<del></del>	
	Œ	CHECK THE APPROPRIATE BOX AND COMPLE	<u>TE THE APPLICABLE STATEM</u>	<u>ient</u>	
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the c statement are as follows:					
	nce to Anisia Gifford in	1 the			
Articles of Organization are hereby deleted.					
				-100 -in	
	<u>or</u>			A FE	
	•	efectively signed. The manner in which the document wants:	s defectively signed and the approp	<b>E O</b> T	
	OR			DRIDA.	
	The ele	ectronic transmission of the regard was defective.	2/28/1	8	
		Signature of Authorized Representative	Date	<del></del>	
New Re I hereb provisio obligati	ng the desistered y accept ons of alions of a change	w registered agent, if applicable :( NOTE: if correcting the esignation).  1 Agent's Signature, if changing Registered Agent; the appointment as registered agent and agree to act in the statutes relative to the proper and complete performancing position as registered agent as provided for in Chaptere in the registered office address, I hereby confirm that the	his ecpacity. I further agree to comp e of S duties, and I am familiar wi 605, F.S. Or, if this document is be	ply with the th and accept the ting filed to merely	
Registered Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		