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AUG 3 0 2018 S. YOUNG

COVER LETTER

TO: Registration Se Division of Con		u .	
5731 NE 1 SUBJECT:	8TH AVE LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Myron E. Siegel, Esq.		
		Name of Person	
	Myron E. Siegel, P.A.		
		Firm/Company	
	1055 S Federal Highway		
		Address	
	Hollywood, FL 33020		
	Samuel Ruk <sruk@rukintl< td=""><td>City/State and Zip Code</td><td></td></sruk@rukintl<>	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	all:	
Myron E. Siegel		954 770-0370 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Fce. 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

5731 NE 18TH AVE LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our r prida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabilit	by Company were filed on $\frac{02/22/2018}{1}$	and assigned
Florida document number L18000047268		
This amendment is submitted to amend the following	<u>z</u> :	
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 AE	DDRESS)	<u> </u>
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX,		
B. If amending the registered agent and/or re	egistered office address on our re	cords, enter the name of the
registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
_		_, Florida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samuel H. Ruk	92 S.W. 3RD STREET, STE 508	
		MIAMI. FL 33130	= Remove
			Change
AMBR	Ruk USA, Inc	1013 CENTRE ROAD	
		WILMINGTON, DE 19805	□ Remove
			Change
MGR	Ruk USA, Inc	1013 CENTRE ROAD	
		WILMINGTON, DE 19805	Remove
			Change
MGR	Samuel H. Ruk	92 S.W. 3RD STREET, STE 508	□ Add
		MIAMI, FL 33130	□ Remove
			Change
<u></u>			
			П Кеточе
			Change
		-	Add
			☐ Remove
			□ Change

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ffecti	ve date, if other thar	the date of filing	Kugust 10, 201	8	(optional) in 90 days after filing.) Pursu	
i an eric Note:	If the date inserted in the	e must be specific and ils block does not n	cannot be prior to c neet the applicable	ate of filing or more the e statutory filing requ	in 90 days after filing.) Pursu ifrements, this date will n	ant to 605.0207 (of be listed as t
locume	ent's effective date on t	he Department of S	tate's records.			
	d : C d - l		l-) -			4-
	ord specifies a deligible of the		ate, but not a	n effective time,	at 12:01 a.m. on th	ie earlier of:
Dated	August 10		2018			
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		<	Kurt.	ed representative of a n		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00