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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

Division of Co	rporations		
V. Ruiz In	vestments, LLC		
SUBJECT:			
	Name of Lim	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:	
	Valerie Ruiz		
		Name of Person	
		Firm/Company	
	19226 NW 80th Court		
		Address	
	Hialeah, FL 33015		
	ruiz.valerie.a@gmail.com	City/State and Zip Code	
	E-mail address: ()	o be used for future annual report notif	lication)
For further information of	concerning this matter, please ca	all:	
Valerie Ruiz		786 212-3234	
N	of Person	at () Area Code Davtime	e Telephone Number
Name (n rerson	Area Code Daytimo	e 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V. Ruiz Investments, LLC 23 th 9: 35

(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 . _____ and assigned Florida document number L.18000123996 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Vine Digital Marketing Solutions, LLC 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) 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

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
	 		
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in the ocument's effective date on the	his block does not meet the aj	prior to date of filing or more than pplicable statutory filing requir ords.	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.020' listed as
report specifies a delayed of	fective date, but not an effect	ive time, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	ifter the
l is filed. May 25	2020			
l is filed. May 25	2020	·		
l is filed.	· · · · · · · · · · · · · · · · · · ·	authorized representative of a mer		