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(Re	questor's Name)	
——(Add	dress)	
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TO:

Registration Section

Division of Corp	•		
SUBJECT: Ruiz	Brothers Ente	opises LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Emilio Ru	Name of Person	
	Ruic Brother	Enterprises C	CC
		Le Dr. Address	
	Kissimmee 1	City/State and Zip Code 5 20 8 @ g mail. Co to be used for future infinual report noti	
	ruizenterorise E-mail address:	5 2018@gmail.Co	fication)
For further information co	neerning this matter, please ca	all:	
Emilia Ruiz	-	at (<u>407</u>) <u>675</u> Area Code Daytim	-9201
Name of	Person	Area Code Daytim	c 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)	S60,00 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 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

~ 2.15

Ruiz Brothers Enterg	risa CCC
	nny as if now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000234051</u> .	were filed on $\frac{0/03/(8)}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3831 w. vine 5+, Cart #3
(Principal office address MUST BE A STREET ADDRESS)	15issimmee FL 347 0 41
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
•	
New Registered Office Address:	Enter Florida street address
	, Florida
	Sap Couc

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
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
		 	□Change
			□Remove
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te: If the date inser	er than the date of l, the date must be speci led in this block does are on the Departmen	s not meet the app	licable statutory f	or more than 90 days Iling requirements	optional) after filing.) Pursuant , this date will not b	to 605.020 te fisted as
cord specifies a dela s filed.	iyed effective date. b	out not an effective	e time, at 12:01 a.	m, on the earlier o	f: (b) The 90th day	y after the
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Filing Fee: \$25.00