# L180000241374

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<i>=</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO: Registration S Division of Co	ection rporations		
RUTHWE SUBJECT:	LL, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	pmitted for filing	
	ondence concerning this matter	<u>-</u>	
	ROBERT CAMPBELL		
		Name of Person	
	RUTHWELL, LLC		
		Firm/Company	
	4200 MARSH LANDING	BLVD., SUITE 100	
		Address	<u></u>
	JACKSONVILLE BEAC	H, FL 32250	
		City/State and Zip Code	
	RGC904@ME.COM		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	otification)
		at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration S	<del></del>	Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee. 1	L 32314	2415 N. Monr	oe Street. Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUTHWELL, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears ( Liability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on OCT	OBER 12, 2018	and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here	;		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applicable:		2687 N. OCEAN	BLVD. #503	<u> </u>	
(Principal office address MUST BE A STRE	STREET ADDRESS) BOCA RATON, FL 33431				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S BOX)		NDING BLVD., SUI BEACH, FL 32250	TE 100	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	ords, enter the nam	2020 Jnev	v registere
Name of New Registered Agent:	ROBERT CAN	ИPBELL		P	П,
New Registered Office Address:	4200 MARSH	LANDING BLVD., S Enter Florida	SUITE 100	<u>ν</u> ν	
	JACKSONVIL	LE BEACH	, Florida 32	250	
		City		Zip Code	<del></del> _

#### 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
MGR	ROBERT CAMPBELL	4200 MARSH LANDING BLVD., SUITE 100	
		JACKSONVILLE BEACH, FL 32250	□Remove
			\BChange
			□Add
			□ Remove
			□Change
	<del> </del>		🗆 Add
			□Remove
			□Change
			□Add
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lfan effe <u>Note:</u> I	ve date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	1/14/2020
Dated _	
Dated _	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00