L19000012797

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Amend Manch

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COVER LETTER

1	Registration Sec Division of Corp			
21 (D 1127)	TIVA ORGA	ANICS, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
		•		
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	idence concerning this matter	to the following:	
		ANTHONY RUGGIERI		
			Name of Person	<u> </u>
		N/A		
			Firm/Company	
		401 CHANNELSIDE WA	LK WAY	
			Address	
		TAMPA, FL 33602		
		anthonyruggieri01@gmail.c	City/State and Zip Code com	
		E-mail address: (to be used for future annual report notifi-	cation)
For furthe	er information co	ncerning this matter, please ca	all:	
ANTHO	NY RUGGIERI		727 697-7230	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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 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

TIVA ORGANICS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L19000012797				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company here:			
RUGGIERI CONSULTING, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	401 CHANNELSIDE WALK WAY			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 1485			
	TAMPA, FL 33602			
Enter new mailing address, if applicable:	401 CHANNELSIDE WALK WAY			
(Mailing address MAY BE A POST OFFICE BOX)	APT 1485			
	TAMPA, FL 33602			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :			
	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties,	and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
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			Remove
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π effective date ite: If the dat	if other than the is listed, the date me inserted in this lictive date on the	ust be specific ar block does not	id cannot be prior meet the applic	able statutory fi	more than 90 days a	ptional) fter filing.) Pursuant to 6 this date will not be li	05.0207 (sted as t
	ecifies a delaye ay after the re			ot an effective	e time, at 12:0	1 a.m. on the ear	lier of:
ted MAY 21	AT		2019	<u> </u>			
	the get	-61)			
/	Morning	X -	א אנאילאאראינו				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00