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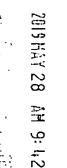


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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Rucio Moto FJC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dally D. Carloses Rices
The Ruca Mora JIC
4555 Philadel phia Circle
KISSIMM & IJ 3 6760 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Davine of Person Carcus Catas, at 140, 403, 9600 Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin

## MAILING ADDRESS:

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

## STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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The Rugo M	lora LtC	<u> </u>	175
( <u>Name of the Limited Liability Comp</u> an (A Florida Limited Li	y as it now appears on lability Company)	i our rec <u>ords.</u> )	
The Articles of Organization for this Limited Liability Company v Florida document number <u>1 140000 98517</u> .	were filed on 4.	9- 209	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the desig	nation "LLC" or	the abbreviation "L.L.C."
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 of registered agent and/or the new registered office address here	fice address on o	ur records, g	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Flori	đaZηι Code
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete.	ee to act in this cap performance of my	pacity. I furth a duties, and	ser agree to comply with the I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
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n effective date is lis ote: If the date ins	ther than the date of sted, the date must be specificated in this block does a date on the Departmen	ic and cannot be prior not meet the applica	to date of filing or mor	(option re than 90 days after the requirements, this d	ling.) Pursuant to 605.01
record specific	es a delayed effecti after the record is fi	ve date, but not led.	an effective tir	me, at 12:01 a.i	n. on the earlier
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Filing Fee: \$25.00