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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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TO: Registration Se Division of Cor			
SUBJECT:	Name of Limi	ted Liability Company	L.C.C.
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	<u>Sconctto</u>	Name of Person	0250
	RUTA M	coule (seeking) Firm/Company	C.C.C
	300 Flomi	Ch St Address	
	Daytora B	City/State and Zip Code	17
	<u>RE-mail address: (t</u>	the Coeding UCO o be used for future annual eport noti	agmail com
For further information c	oncerning this matter, please ca	dt:	
Elizabeth Name o	PUT JIMPE	t at (<u>386</u>) <u>87</u> <u>8</u> Area Code Daytim	OI O3 e Telephone Number
Enclosed is a check for the	ne 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:
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

TO ARTICLES OF ORGANIZATION OF

Ruiz ma	es side	Adirc (_رُّنگ_	25 #1	10: 17
(<u>Name of the Limit</u>	ed Liability Compan (A Florida Limited Li	iy as it now,appears iability Company)	<u>on our reco</u>	<u>rds.</u>)	
The Articles of Organization for this Limited L		were filed on <u>*</u>	<u>:06 . 8 .</u>	19_	and ass
This amendment is submitted to amend the foll-	owing:				
A. If amending name, enter the new name o	f the limited liabil	lity company her	<u>re</u> : WIA	.	
The new name must be distinguishable and contain the w	vords "Limited Liabili	ty Company," the de	signation "LL	.C" or the ab	breviation "L.
Enter new principal offices address, if applic	able:	-po	Jours	د -	
(Principal office address MUST BE A STREE	ET ADDRESS)		<u>-</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		arge		
B. If amending the registered agent and/or ragent and/or the new registered office addre		ddress on our re	cords, <u>ente</u>	r the nam	e of the nev
Name of New Registered Agent:	_Ensch	ceth 12c	15-5		net_
New Registered Office Address:	300 F	Enter Florid	da street addre	PNS	
	Days	City	, F	`lorida	Zip Code

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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit, accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabili company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
MOT AMBS	Joonsthan Ruiz Crozco	30 Floriton St Paytonce	□ Adc
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Page 2 of 3

D. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.
Dated _	6/20) - 2020. SMT
	Signature of a member or authorized representative of a member
	Elitabeth Ruit Simenet Typed or printed name of signee