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	tion Section of Corporations	÷			
RUT	HENO INTERN	ATIONAL TRADI	NG GROUP IMPORTA	ΑCAO E ΕΧΡ	ortaced llc
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Artic	cles of Amendme	ent and fee(s) are sub	mitted for filing.		
Please return all co	orrespondence co	oncerning this matter	to the following:		
	NELS	SON CARMENATES	S		
	CAR	MENATES LAW FI	Name of Person		
			Firm/Company		
	1300	NW 84 AVE			
	DOR	AL FL 33126	Address		
	NELSO	DN@CARMENATE	City/State and Zip Co SLAW.COM	de	
For further inform	ation concerning	E-mail address: () this matter, please c	to be used for future annu	ual report notifica	ation)
NELSON				6367034	
	Name of Person		Area Code	Daytime 1	elephone Number
Enclosed is a chec	k for the followi	ng amount:			
S25.00 Filing	Fee □ \$30 Co	.00 Filing Fee & ertificate of Status	\$55.00 Filing Fe Certified Copy (additional copy is		\$60.00 Filing Fee. Certificate of Status of Certified Copy (additional copy is enclose)
	MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 1	tion orations	Regist Divisi Cliftor 2661 I	CET/COURIEI tration Section on of Corporati n Building Executive Centure massee, FL 3230	ions er Cirele

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RUTHENO INTERNATIONAL TRADING GROUP IM	IPORTACAO E EXPOR		Ð
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Liability Company w Florida document number L19000179809		SECRETARY C TALLAHASSEE	P P \$7 and assigned FSTATE FEORIDA
This amendment is submitted to amend the following:		*	
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	n "LLC" or the abbrev	intion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			······
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	· · · ·		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our re	ecords, <u>enter the</u>	name_of the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida street	address	

City

Zip Code

_, Florida _

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

ı

MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Has Junior, Luis C	<u>Address</u> 1300 NW 84 AVE DORAL FL	Type of Action
AMBR		33126	🗆 Add
			C Remove
		· <u> </u>	Change
AMBR	HAS JUNIOR, LUIZ C	1300 NW 84 AVE DORAL FL 33126	Add
			C Remove
			Change
AMBR	SHEIFFER FERNANDEZ, RICARDO	1300 NW 84 AVE DORAL FL 33126	-
			Remove
<u> </u>			Add
			Remove
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			Remove
			Change
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			Remove
			Change

		D. If amending any	other information,	enter change(s) here:	(Attach additional sheets, 1	f necessary.)
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

JULY 24 ed	2019	
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aviz CANG	Bignature of a member or approprized representative of a member	
LUIZ CARLOS HAS JI	JNIOR	
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Typed or printed name of signce

Filing Fee: \$25.00