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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IRMA MCCLENDON RUIZ,LLC

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March 22, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: IRMA MCCLENDON RUIZ, PLLC

REF: W2100b037791

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

For the use of a PLLC suffix, you must state what the company type of business is.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

FAX Aud. #: H21000111977 Letter Number: 321A00005993

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Irma McClendon Ruiz, LLC		
	Name of the Limited Lin (A F)	ability Commany at it now appears on our records.) orids Limited Liability Company)	
a Articles	Corganization for this Limited Liability	ty Company were filed on 1.1.2020 and as	signed
	nent number 1.20000009712		
s amendm	ent is submitted to amend the following	g:	
lf amend	ng name, enter the new name of the	limited liability company here:	
	on Ruiz, PLLC		
NAME OF THE PARTY OF	ust be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L	LC."
er new pi	incipal offices address, if applicable:		
ncipal of	ica address MUST BB A STREET AL	DDRESS	
	alling address, if applicable:		
iling add	ES MAY BE A POST OFFICE BOX	<u> </u>	
	•		
If amendi	nd the resistance agent and to a contract	and after adding a	• •
nt and/or	the new registered office address her	ered office address on our records, <u>enter the name of the ne</u> re:	w registi
		in the said	
Neur	e of New Registered Agent:	21	
New	Registered Office Address:		
		Enter Florida street address	* <u>*</u>
		Florida 👑 👺	; ,
D 1 - 4		City Zip Cade	
	d Agent's Signature, if changing Regist	. The state of th	•
nsions of ept the ob g filed to	all statutes relative to the proper and ligations of my position as registered	ent and agree to act in this capacity. I further agree to somp id complete performance of my duties, and I am familiar wit d agent as provided for in Chapter 605, F.S. Or, if this docu tered office address, I hereby confirm that the limited liabili- ge.	h and
		_	
	·		
	i e	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 Me	enper

Title	Name	Address	Type of Action
		<u></u>	(DAdd
		·	□Remove
			Change
			□Remove
			Change
<u></u>			□ Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			DAdd
			□Remove
			Change
			DAdd
			□Remove
			Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	This company is in the practice of Real Estate.
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s effect ter If	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed M	rei: 17 2021
	Signature of a member or authorized representative of a member
•	Inna McClendon Ruiz
	Typed or printed name of signee

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