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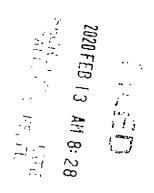
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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O SIMMONS
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COVER LETTER

Division of Cor			
SUBJECT:	Rea Ruiz 1	LC.	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Karı		
		Name of Person	
		Firm/Company	
	12020 SW 1	85 St.	
		Address	
	Migmin A	· 33/17 City/State and Zip Code	
	Luna. rui-	City/State and Zip Code Complete Complete Complete Complete Complete Complete Complete Complete Complete Control Cont	īcation)
For further information of	oncerning this matter, please co		
Karna	Ruit of Person	at (744) 357- Area Code Daytime	- 7434 : Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability C	1,-10000	and assigned
This amendment is submitted to amend the following:		1020
A. If amending name, enter the new name of the lim	nited liability company here:	EB 17
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	28
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Kanna Ruiz	13030 SN 182 St	XAdd
		MIGMI, FI. 33177	□Remove
			Change
AMBR	Shawn Rea	Shawn Rea	□Add
		12020 SW 1854.	□Remove
		Miami, FT. 33177	X Change
			□Add
			□Remove
			□Change
			☐ Change 7020 ☐ B
			Li Remove
			Am Denange 28
			□Add
			Remove
			□Change
			□ Add
			□Change

Page 2 of 3

If amending any other information, enter change(s) here: (Atta	
	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (autory filing requirements, this date will not be listed as t
the record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of
Dated February 8 2000.	
Signature of a member or authorized re	presentative of a member
Angitude of a memory of authorized to	

Page 3 of 3

Filing Fee: \$25.00