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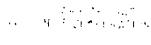
21 JUL 16 PH 12: 15

COVER LETTER

Division of Cor			
RUTH NA	ILS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RUTH M OTERO		
		Name of Person	
	RUTH NAILS LLC		
		Firm/Company	
	18423 SOUTH DIXIE HV	VY SUITE 21	
		Address	-
	CUTLER BAY, FL 33157	•	
		City/State and Zip Code	
	RUTHOTERO314@GMAI		
	E-mail address: (to be used for future annual report no	(ification)
For further information c	oncerning this matter, please c	all:	
RUTH OTERO		305 790-7026	
Name o	d Person	at () Area Code Daytir	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee, I			ramanassee be Street, Sinte 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 JUL 16 PH 12: 15

RUTH NAILS LLC		
(<u>Name of the Limited Liabili</u> (A Florid:	ity Company as it now appears on our records, a Limited Liability Company)	,)
The Articles of Organization for this Limited Liability C	Company were filed on MAY 5, 2021	and assigned
Florida document number L21000210105	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
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 ADDI	RESS)	
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:	d office address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ridaZip Code
	Circ	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = A $AMBR = A$	Aanager Authorized Member	21 JUL 16 PH12: 15	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RUTH M OTERO	25272 SW 114TH AVE HOMESTEAD, FL 33032	
			□Remove
			⊡Add
			□Remove
			[Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			DChange
			□Add
			□Remove
			E/Change
			□ Add
			□Remove
			Charas

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applie	21 . J.U.L. 1. 15			
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document's effective date on the Department of State's records	•			
e record specifies a delayed effective date, but not an effective t rd is filed.	ime, at 12:01 a.m. c	on the earlier of: (b	o) The 90th day after	the
07/11/2021				
Dated				
lata 1/1	The			
Signature of a meruber or auth	orized representative	of a member		
	•			

Filing Fee: \$25.00