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21 SEP 27 FH 1: 13

COVER LETTER

TO: Registration Section

Division of Co	rporations			
SUBJECT: RUTA XP	DESC 11 C	·	,	
SUBJECT: KOTAKI		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ANA MARIA OCHOA			
		Name of Person		
	RUTA XPRESS, LLC			
		Firm/Company		
	151 CRANDON BLVD A	NPT 105		
		Address		
	KEY BISCAYNE, FL 33			
		City/State and Zip Code		
	amochoa44@hotmail.com E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
ANA Maria Ochoa		at (786) 266 252854	7	
Name o	f Person		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 Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 SEF 27 PM 1: 13

(Name of the Limi	ted Lightlity Company as it now appears on our records	
<u> </u>	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited L	iability Company were filed on MAY 13 2021	and assigned
lorida document number L21000222627		
nis amendment is submitted to amend the foll	owing:	
. If amending name, <u>enter the new name o</u>	f the limited liability company here:	
e new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE	ROY)	
The same of the sa		
		
. If amending the registered agent and/or r gent and/or the new registered office addres	egistered office address on our records, <u>enter the n</u> ss here:	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
registered Office Address.	Enter Florida street address	
	F76 + 1	
	, 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.

City

Zip Code

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

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21 SEP 27	44	1.	, -

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANA M OCHOA	151 CRANDON BLVD APT 105	≡ Add
		KEY BISCAYNE, FL 33149	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			Remove
			☐ Change
		····	□ Add
			□ Pemove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated Sept 20 , 2021 Signature of a member or authorized representative of a member Ana Maria Ochoa

Typed or printed name of signee