## L21000331303

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## **COVER LETTER**

Division of Corpor	ations		
SUBJECT: RUH	hless Nica	ragian Litcher	LCC.
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Ruth	Morciles Name of Person	
			<del></del>
	Ruthles	5 Micaraguan V	Kitchen LCC
	80 S. Sh	ore Dr. 1e #500	ρ
		Address	<del></del>
	<u> Hiami Be</u>	each FC 331-	4 /
		City/State and Zip Code  Col ( 91001 ) . Compose be used for future annual report notifications.	
	perning this matter, please cal		,
~			
Kuth Mur	rales	at ( <u>305)</u> 335 Area Code Davtime T	2429
Name of Po	erson	Area Code Daytime T	elephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Ruthless Micaraguan Litchen LCC  (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/31/30.31}{1000.31.30.3}$ and assigned
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX <sub>1</sub>
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> agent and/or the new registered office address here:
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 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>	<u>Name</u>	Address	Type of Action
IGR	Ruth Morales	EUS. Shor Drie	Add
		#506	□Remove
		Viami Beach FC 33H1	□Change
			□Add
			□Remove
		<u> </u>	□Change
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		<del> </del>	□ Add
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			□Change

ii aiiici	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efficience) Note:	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated .	August 30 3001
	August 30 3031.  Ruth Wacul  Signature of a member or authorized representative of a member
	Ruth Morales
	Typed or printed name of signee