## K22 CCOOCO4268

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	***************************************
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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## **COVER LETTER**

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Registration Section Division of Corporations

SUBJECT:	RUBI'S WORLD WIDE	LOCISTICS INSPEC	Trous LLC
	Name of Lit	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	<u> </u>	Name of Person	
		Name of Person	
	<del></del>	Firm/Company	
	4424	601h ST W. Address	
		70 N FL 34710  City/State and Zip Code	
		Rudi 13 D GMPT . (1) (to be used for future annual report no	
For further information	concerning this matter, please	call:	
JOUD141	No Rubi	at ( 736 ) 327 - Area Code Dayti	1814
Namo	e of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addi Registration	Section	Street Address: Registration S	
P.O. Box 63		Division of Co The Centre of	Tallahassee
Tallahassee	, rl 32314	2410 N. MONI	oe Street, Suite 810

Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2022

JONATHAN RUBI 650 NE 2ND PL HIALEAH, FL 33010

SUBJECT: RUBI'S WORLDWIDE LOGISTICS INSPECTIONS LLC

Ref. Number: L22000004268

We have received your document for RUBI'S WORLDWIDE LOGISTICS INSPECTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is M21000000484.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

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www.sunbiz.org

Letter Number: 022A00014018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

- ,	10		
ARTICLES	OF ORGANIZAT	ΓΙΟΝ	₹0:.
	OF		To.
	_		رح.
RUBT'S WORLD WE	DE LOGISTICS	INSPECTIONS	LLC P.
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear	s on our records.)	.بى
(A LIOTAL	Emilied Eldollity Company)		,
The Articles of Organization for this Limited Liability C	Company were filed on	01/05/2022	and assigned
Florida document numberL22000004268	. ,		
rionda document number	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company he	ere:	
<del>-</del>			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
		•	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		·	<del></del>
(Matting dudress MAT BE AT OST OFFICE BOA)	<del></del>	·	
55 TC 15 at 54 3	1 -6C 1 1	aaauda astas tha nan	no of the new registers
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	a office address on our r	ecorus, <u>emer me nar</u>	ne of the new registers
agent and/of the new registered office address neve.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida 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 th 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		
			□Change
			□ Add
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			□Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
he rece ord is	ord 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 filed.
Date	d 18th Day OF SEPTENDER. 1072
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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