

L22000015219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

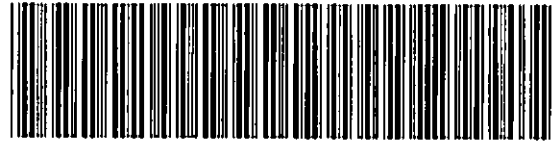
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SECRETARY OF STATE
TALLAHASSEE, FL

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Formula Equal Cigarette Racing Team LLC

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
☒ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
☒ Annual Report / Reinstatement _____
☒ Cert. Copy _____
____ Photo Copy _____
☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: _____

Name Date Time

Walk-In _____ Will Pick Up _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

Formula Equal Cigarette Racing Team LLC.

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sofia Toro T.

Name of Person

Firm/Company

2701 S. Le Jeune Rd. 10th Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

storo@ruizinvestments.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofia Toro T.

954

684-8322

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Formula Equal Cigarette Racing Team LLC.

(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 January 12, 2022 and assigned
Florida document number L22000015219.

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)

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2022 FEB - 1 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MSP Recovery Law Firm

New Registered Office Address:

2701 S. Le Jeune Rd. 10th Floor

Enter Florida street address

Coral Gables

Florida 33134

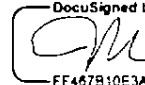
City

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.

DocuSigned by:



FF467B10E3AA4B1

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cristina E. Ruiz	2701 S. Le Jeune Rd. 10th Floor	☐ Add
		Coral Gables, FL 33134	☐ Remove
			☒ Change
MGR	Alexander M. Ruiz	2701 S. Le Jeune Rd. 10th Floor	☐ Add
		Coral Gables, FL 33134	☐ Remove
			☒ Change
MGR	John H. Ruiz II	2701 S. Le Jeune Rd. 10th Floor	☐ Add
		Coral Gables, FL 33134	☐ Remove
			☒ Change
MGR	John H. Ruiz	2701 S. Le Jeune Rd. 10th Floor	☐ Add
		Coral Gables, FL 33134	☐ Remove
			☒ Change
MGR	Mayra C. Ruiz	2701 S. Le Jeune Rd. 10th Floor	☐ Add
		Coral Gables, FL 33134	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated

2/1/22

DocuSigned by:

Cristina E. Ruiz

~~88C-6966-104A~~

Signature of a member or authorized representative of a member

Cristina E. Ruiz

Typed or printed name of signee