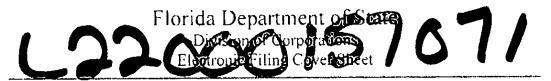
17867131940

From: TAXLEAF, COM CONTADORMIAMI.COM

5/3/22, 2:21 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001601093)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

က်

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RUTHMI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

H220001601093

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RUTH	ALLC			
Name of the Limited Hability Compa (A Florids Limited)	ny ny it now appears Jastility Company)	on our records.		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	03/31/2022	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	Ē:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the al	poreviation "E.L.C.	20
Enter new principal offices address, if applicable:				22
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
				၂ .
			- `	<u>.</u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE ROX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the nan</u>	ne of the new re	<u>egistered</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florido street addres s			
- Laure volument volument	, Florida			
New Registered Agent's Signature, if changing Registered Agent			24, 1.1.110	
			,	
I hereby accept the appointment as registered agent and agreened provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of a provided for in C	my duties, and Lam Jupter 605, F.S. Or,	familian with a , if this docume	nd
If C.lia	nging Registered Age	nt. Signature of New Ro	gistered Agent	

H22000160109 3

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

To: +18506176383

<u>Title</u>	Name	Address	Type of Action
MGR	CARLOS KATTAN	300 BAYVIEW APT 511	
		SUNNY ISLES, FL 33160	Filtermove
			11 Change
			Dadd
			ORemove
		Annah and an	IChange
			TJAdd
			□Renove
			, TiChange
			BAdd
			DRemeve
			그C hange
			CRemeve
			OChange
			TAdd
			□Remove
			IChange

17867131940

D.

H220001601093

	The state of the s
ili an c Note	ctive date, if other than the date of filing:
	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.
Daic	d APRIL 18TH 2022
	Signature of a number or authorized representative of a member
	,
	GALANTE, TERESA