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Special Instructions to I	Filing Officer:	
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TO MAY -9 AMIO 35

T. MATTHEWS
JUL -5 2022

COVER LETTER

TO:

O: Registration Sec Division of Corp	tion orations			
	IBURGUESERIA LLC			
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subm	ined for filing.		
	ndence concerning this matter to			
	IRIS M BRICENO			
		Name of Person		
	RUGE HAMBURGUESER	IA LLC		
Firm/Company				
	18117 BISCAYNE BLVD	3112		
		Address		
	AVENTURA, FL 33160			
		City/State and Zip Code		
	USTUEMPRESA@GMAII	COM to be used for future annual report no	tilication)	
For further information of	concerning this matter, please ca			
IRIS M BRICENO		786 340-0372 at ()	me Telephone Number	
Name (of Person	Area Code Dayti	me Tetephone 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 radditional copy is enclosed)	
P.O. Box 63	Section Corporations 27	Street Address: Registration S Division of C The Centre of	orporations	
Tallahassee.	. FL 32314	2415 IN. MION	for street, state 619	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION CHETAKE OF STATE DIVISION OF CORPORATIONS

22 MAY -9 AM ID: 35

RUGE HAMBURGUESERIA 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 $\frac{04/0}{2}$	06/2022	_ and assigned
Plorida document number 1.22000165423				
This amendment is submitted to amend the fo				
A. If amending name, enter the new name	of the limited liab	oility company he	<u>·e</u> :	
NA				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if apple	icable:	NA_		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		NA		
Mallion add and MAN BC A DOCT OFFICE	EROX			
Mailing address MAY BE A POST OFFICE	<u> </u>			
Mauing address MAT BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and/or	registered office		cords, <u>enter the name c</u>	of the new registe
3. If amending the registered agent and/or	registered office		cords, <u>enter the name c</u>	of the new registe
3. If amending the registered agent and/or	registered office		cords, <u>enter the name c</u>	of the new registe
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	registered office ess here:		cords, <u>enter the name c</u>	of the new registe
3. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our re	cords, enter the name o	of the new registe
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office ess here:	address on our re		

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 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>	Address	Type of Action
AMBR	JUAN RUGELES	18117 BISCAYNE BLVD, #3112	≣ Add
		AVENTURA, FL 33160	□Remove
			□Change
NA	NA —	NA	□Add
			□Remove
NA 	NA	NA	🗖 Add
			□Remove
			□Change
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			□Remove
			Change

Page 2 of 3

NA					
					
					
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	NA			(antional)	
Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the December 1.	ock does not meet the a	ppricative statutory	or more than 90 da filing requiremen	ys after filing.) Pursi its, this date will r	uant to 605.02 not be listed
record specifies a delayed The 90th day after the rec	effective date, buord is filed.	it not an effect	ve time, at 12	2:01 a.m. on t	he earlier
ated MAY 6TH					
	Signature of a member o	r Briceno	itative of a member		