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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:   | Registration Se<br>Division of Cor |   |   |   |
|---|------------------------------------|---|---|---|
| OUD IE  | Ruth Hilles                        | tad LLC   |   |   |
| SUBJEC  | -I: <u></u>                        | Name of Lim                                     | ited Liability Company  |   |
| The encl                                      | losed Articles of                  | Amendment and fec(s) are sub                    | mitted for filing.  |   |
| Please re                                     | etum all correspo                  | ondence concerning this matter                  | to the following:   |   |
|   |                                    | Ruth Hillestad                                  |   |   |
|   |                                    |   | Name of Person  |   |
|   |                                    | Ruth Hillestad LLC                              |   |   |
|   |                                    |   | Firm/Company  |   |
|   |                                    | 7781 Reflection Cove Driv                       | ve Арt 307  |   |
|   |                                    |   | Address   | · · · · · · · · · · · · · · · · · · ·   |
|   |                                    | Fort Myers, FL 33907                            |   |   |
|   |                                    |   | City/State and Zip Code   | ······  |
|   |                                    | rmhillestad@hotmail.com                         |   |   |
|   |                                    | E-mail address: (                               | to be used for future annual report noti                            | fication)   |
| For furth                                     | ner information c                  | oncerning this matter, please c                 | all:  |   |
| Ruth Hi                                       | llestad                            |   | 239 710-0535  |   |
|   | Name o                             | of Person                                       |   | e Telephone Number  |
| Enclose                                       | d is a check for t                 | he following amount:                            |   |   |
| <b>■</b> \$25                                 | .00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|   | Mailing Address                    | ••  | <u>Street Address:</u><br>Registration Se                           | ction   |
| Registration Section Division of Corporations |                                    | Division of Cor                                 |   |   |
|   | P.O. Box 632                       | 27  | The Centre of T   |   |
|   | Tallahassee                        | FI 32314  | 2415 N. Monro   | e Street. Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2027 JUN -7 PM 3: 58

Ruth Hillestad LLC

(Name of the Limited Liability Company as it now appears on our records.) TALL AHA

| The Articles of Organization for this Limited I<br>Florida document number L22000211594   | Liability Company w      | vere filed on May 04, 20                 | 22                   | and assigned          |
|---|--------------------------|--|----------------------|-----------------------|
| This amendment is submitted to amend the fol  | lowing:                  |  |                      |                       |
| A. If amending name, enter the new name   | of the limited liabili   | ity company here:                        |                      |                       |
| The new name must be distinguishable and contain the  | words "Limited Liability | y Company," the designation              | n "LLC" or the abbro | eviation "L.L.C."     |
| Enter new principal offices address, if appli   | cable:                   |  |                      |                       |
| (Principal office address MUST BE A STRE  | ET ADDRESS)              |  | ···                  |                       |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address. | registered office ad     | ldress on our records,                   | enter the name       | of the new registered |
| Name of New Registered Agent:   | Ruth Hillestad           |  | - <del></del>        |                       |
| New Registered Office Address:  | 7781 Reflection C        | Cove Drive Apt 307  Enter Florida street | address              |                       |
|   | Fort Myers               |  | , Florida            | 7                     |
|   |                          | City                                     | , 1° IVI IUA         | 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> | Name           | Address   | Type of Action |
|--------------|----------------|---|----------------|
| AMBR         | Ruth Hillestad | 7781 Reflection Cove Drive Apt 307, Fort Myers, F | °L 3<br>≣Add   |
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| ective date, if other than the effective date is listed, the date mus | date of filing:                       |                | car                                      | (optic                                     | onal)             | 40.5.44                   |
| e: If the date inserted in this bl                                    | ock does not meet the                 | e applicable s | c of thing or more<br>statutory filing i | e than 90 days after<br>requirements, this | date will not     | to 605,020<br>be listed a |
| ument's effective date on the De                                      | epartment of State's i                | records.       |  |  |                   |                           |
| cord specifies a delayed effectiv                                     | e date, but not an effe               | ective time, a | t 12:01 a.m. on                          | the earlier of: (b                         | The 90th d        | av after the              |
| filed.  |                                       |                |  |  | ,                 |                           |
| ed May 31   | 2022                                  | 2              |  |  |                   |                           |
| (14)  | ,                                     | · ·            | Λ  |  |                   |                           |
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