122000245470

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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2022 JUN 29 AM 10: 27

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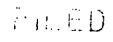
COVER LETTER

TO:

TO: Registration Se Division of Cor					
	EZ &RUGGIERI RESTAURA	ANTS LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SANDRA HUTCHKO				
		Name of Person			
	RODRIGUEZ & RUGGIERI RESTAURANTS LLC				
		Firm/Company	<u> </u>		
	Address RUSKIN FL 33570				
	City/State and Zip Code				
	SANRDA@AOL.COM				
	E-mail address: (to be used for future annual report no	tification)		
For further information of	oncerning this matter, please c	all:			
SANDRA HUTCHKO		941 812-0047 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	he 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		Street Address: Registration Se	ection		
Registration S Division of C		Division of Co			
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

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



2822 JUN 29 AM IO: 27

RODRIGUEZ & RUGGIERI RESTAURANTS LLC

The Articles of Organization for this Limited Liability Company	were filed on	06/23/2022	and assigned
Florida document number L22000285470			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	<u>y here</u> :	
			NIA
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," t	he designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·····		
(Principal office address MUST BE A STREET ADDRESS)			MA
	<u> </u>		· .
Enter new mailing address, if applicable:			NA
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
induding dudress with BE ATOST OFFICE BOX	-	 	
			·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on ou	ır records, <u>enter</u>	the name of the new registered
			i
Name of New Registered Agent:			N/r
New Registered Office Address:			
	Enter	Florida street addres.	s
		, Flo	orida Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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
MGR VITO L RUGGIERI	VITO L RUGGIERI	590 CALICO SCALLOP ST	
		RUSKIN FL 33570	□Remove
			Change
			Петюче
			Change
			□Change
			□ Add
			□ Remove
			Change
			🗀 Add
			□Remove
		□Change	
			□ Add
			Remove
			□Change

f amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
MA	L. Ruggieri was originally
\sim	1 the paperwork, Just Meded
4	o add him back on when we
	vert making Corrections.
	
fan effective dat Note: If the da	e, if other than the date of filing:
record specifi d is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
06/24 Dated	2022
	The state of the s
	Signature of a member or authorized reputsentative of a member
	Sandra Hutchko
-	Typed or printed name of signee

Filing Fee: \$25.00