12000338656

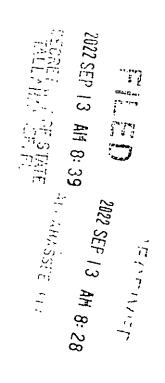
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700393526727

09/13/22--01007--001 **80.66



A. BUTLER SEP 13 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:(ALAMS BY	RuTH LL ed Liability Company	<u></u>
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	idence concerning this matter to	o the following:	
	Ru th	SulES Name of Person	
		Firm/Company	
		+ Dixie HWY	
	Miami. Fo	2 33181 City/State and Zip Code	
	tatimary 2 E-mail address: (1	417429ahou.C. o be used for future annual report notif	orn ication)
For further information co	oncerning this matter, please ca	ill:	
Ruth	Jules	at (305) 815 04 Area Code Daytime	7/3
Name o	î Person	Area Code Dayting	reteptione Number
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	0000
GLAMS BY RUTH	1622 SEP 13 AM 8:39
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records: It AH STATE
The Articles of Organization for this Limited Liability Compa	ny were filed on $98/01/2022$ and assigned
Florida document number <u>L 22 000 33 86 56</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Continuing underess STAT BEAT OST OTTTCE BOAY	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, <u>enter the name of the new register</u>
New Registered Office Address.	Enter Florida street address
	, FloridaZip Code
	,
New Registered Agent's Signature, if changing Registered Age	
provisions of all standay relative to the proper and compl	agree to act in this capacity. I further agree to comply with to lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
11	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>	Name	Address	Type of Action
Lithorized plan	WRyth Jules	Here the world by the said of 3	<i>319/_</i> ([2∕Add
		12955 Biscoulie 15/10 MR8	□Remove
			□Change
		Mami, FL 33181	t 408 Add
		Mami, 12 33181	□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Remove
			□Change
			□Add
			□Remove
	,		□Change
			□Add
			□Remove
			□Change

•	nny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
.		
		
		
Note: If the d	e. if other than the date of filing:	1207 1 as
he record specil ord 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 t	the
Dated <u><i>O</i>4/</u>	16/2022	
	Signature of a member or authorized representative of a member	
	Rysed or printed name of signee	

Filing Fee: \$25.00