## L23000386768

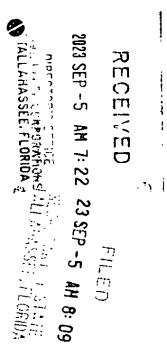
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## **COVER LETTER**

	ion Section of Corporations	
	Grupe Ruica Name of Lim	116
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articl	les of Amendment and fee(s) are sub	mitted for filing.
Please return all co	rrespondence concerning this matter	to the following:
	Sylvana	Name of Person
	Aldano (	Firm/Company
	3640	North Kendall Drive #1016
	Miami,	FL 33186 City/State and Zip Code
	Snbook Keep E-mail address:	to be used for future annual report notification)
For further informa	tion concerning this matter, please ca	all:
Sylvan N	ame of Person	at (305) 574-0908  Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
S25.00 Filing F	-	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	ddress: ion Section of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box	: 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GRUPO RUICA LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) Florida document number L23000386768 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GRUPO RUICO LLC The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_ Florida \_ 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 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 Type of Action Title Title Name. <u>Address</u> □Add \_\_\_\_\_ □Remove \_\_\_\_\_\_\_Add \_\_\_\_\_ \\_\_\_Add \_\_\_\_ □Remove \_\_\_\_\_ Change □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove Change ————— □Remove

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	Signature of a memb	cr or author	ized represer	ustive of a me	тьст		-