124000029949

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Only State 21p): Holle #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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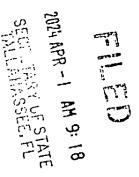
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COVER LETTER

	on of Corporations	
SUBJECT:	RUBIO INVESTOR LLC	
3000ECT	Name o	of Emited Liability Company
The enclosed A	rticles of Amendment and fee(s) ar	re submitted for filing.
Please return all	correspondence concerning this m	natter to the following:
	JOSE RU	FBIO
	·	Name of Person
		Firm ^a Company
	1602 CROY	YDON ST
	ORLANDO.	Address FL 32828
		City/State and Zip Code
	rubioinveste	orllc@gmail.com
		ess: (to be used for future annual report notification)
For further infor	mation concerning this matter, plea	ise call;
	Jose Rubio	689 2463511 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
□ \$25.00 Filin	og Fee □ \$30.00 Filing Fee & Certificate of Statu	
Regist Divisi P.O. B	<u>raddress:</u> ration Section on of Corporations Box 6327 assec, 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

RUBIO INVESTOR LLC				
(Name of the Limit	ed Liability Company as (A Florida Limited Liabili	it now appears (y Company)	s on our records.)	
The Articles of Organization for this Limited Li Florida document numberL24000029949	iability Company were	filed on	01/16/2024	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liability of	company her	<u>re</u> :	
he new name must be distinguishable and contain the w	ords "Limited Liability Co	ompany," the de	signation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if application	able:	1602 CROYD	OON ST , ORLANDO,	FI. 32828
Principal office address MUST BE A STREE	T ADDRESS)		-	···
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE (</u>	<u>BON)</u>		OON ST. ORLANDO, I	
 If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent: 	•	ess on our re	cords, <u>enter the nan</u>	<u>ie of the new register</u>
	2051 FLORIDA S	OAPBERRY	BLVD	
New Registered Office Address:	ORLANDO	Enter Flori	da street address . Florida	2024 AP
New Registered Agent's Signature, if changing B		ity.		Ap Gode 20
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified.	er and complete perfo stered agent as provi registered office addi	ormance of i ded for in C	my duties, and I am _. hapter 605, F.S. Or,	familiquesyith A nd if this d acum g u is

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
MGR	Jose Humberto Rubio Conde	1602 CROYDON ST, ORLANDO, Fl. 32828	= Add
			□Remove
			□Change
MGR	Patricia Gallego	1602 CROYDON ST. ORLANDO FL. 32828	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			SEREMAPR APRILLIPED
			2024 APR gl AM 9: 18. SERCIAL DENTALL ASSEE, FL
			Diemore
			□Change

ffect an ef	tive date, if other than the date of filing:

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

JOSE RUBIO

Typed or printed name of signee

Telephone

Typed or printed name of signee

Filing Fee: \$25.00