L22000015210

-	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Special Instructions to	o Filing Officer:	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ruiz Family Group	- The Time	is Now !!!		
	· 			
				Art of Inc. File
	-			LTD Partnership File
				Foreign Corp. File
			*	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
		!		Annual Report / Reinstatement
			<u>, †</u>	Cert. Copy
				Photo Copy
			<u> </u>	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		 		Fictitious Owner Search
				Vehicle Search
	-			Driving Record
Requested by:	Т			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Tuite	Date	Tittle		UCC II Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:	Registration Se Division of Cor				
	Ruiz Fam	nily Group - The Time	is Now !!! LLC.		
SUBJE	СТ:				
		Name of Lim	ited Liability Company		
911	1		16		
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Sofia Toro T.			
			Name of Person		
			Firm/Company		
	2701 S. Le Jeune Rd. 10th Floor				
		Coral Gables, FL 3	Address 3134		
		storo@ruizinvestmen	City/State and Zip Code		
		E-mail address: (i	o be used for future annual report notil	fication)	
For furt	her information c	oncerning this matter, please ca	dl:		
Sofia	Toro T.		954 684-8322		
•••	Name o	f Person	at ()	e Telephone Number	
Enclose	d is a check for th	ne following amount:			
□ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DocuSign Envelope ID: 4CE1BE3D-FAB8-41A5-908D-B503C1B4CBC3

TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ruiz Family Group - The			
(<u>Name of the</u> Limi	ted Liability Company as it now apports (A Florida Limited Liability Company)	ears on our records.)	
The Articles of Organization for this Limited L. L22000015210	liability Company were filed on _	January 12, 2022	and assigned
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liability company	here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applie	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: Muiling address MAY BE A POST OFFICE 3. If amending the registered agent and egistered agent and/or the new registered o	or registered office address		he name of the no
Name of New Registered Agent:	MSP Recovery Law Firm	ı	
New Registered Office Address:	2701 S. Le Jeune Rd.	10th Floor	
	Enter F Coral Gables	lorida strevt address	134
	City	Florida 33.	L34
	•		-

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

DocuSign Envelope ID: 4CE1BE3D-FAB8-41A5-908D-B503C1B4CBC3
II. amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	Cristína E. Ruiz	2701 S. Le Jeune Rd. 10th Floor	_ □ Add
		Coral Gables, FL 33134	
			□ Remove
			☐ Change
MGR	Alexander M. Ruiz	2701 S. Le Jeune Rd. 10th Floor	
		Coral Gables, FL 33134	U Aud
			Remove
			Change
MGR	John H. Ruiz II	2701 S. Le Jeune Rd. 10th Floor	□ ∧dd
		Coral Gables, FL 33134	
			□ Remove
			∠ Change
MGR	John H. Ruiz	2701 S. Le Jeune Rd. 10th Floor	□ Add
		Coral Gables, FL 33134	
			□ Remove
			C/Change
MGR	Mayra C. Ruiz	2701 S. Le Jeune Rd. 10th Floor	Add
		Coral Gables, FL 33134	
			□ Remove
			Add
			☐ Remove
			□ Change

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Filing Fee: \$25.00