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EXAMINER

## **COVER LETTER**

| TO:      | Registration Se<br>Division of Cor | ection<br>porations   |   |                          |                |
|----------|------------------------------------|---|---|--------------------------|----------------|
| SUBJE    | CT·                                | RUSHMO  | RE GROUP, LLC   |                          |                |
| SOBJE    | CI                                 |   | nited Liability Company                                   |                          |                |
| The enc  | losed Articles of                  | Amendment and fee(s) are su   | abmitted for filing.                                      |                          |                |
| Please r | eturn all correspo                 | ondence concerning this matte   | er to the following:                                      |                          |                |
|          |                                    |   | IVET M GOMEZ  |                          |                |
|          |                                    |   | Name of Person  |                          |                |
|          |                                    | RU  | SHMORE GROUP, L   | LC                       |                |
|          |                                    |   | Firm/Company  |                          |                |
|          |                                    |   | 5369 W 23RD AVE   |                          |                |
|          |                                    |   | Address   |                          |                |
|          | 92 (A)<br>5 - 5.                   | nd Canada need  | HIALEAH, FL 33016   | to ke journess prompt    |                |
|          | 12.5                               |   | City/State and Zip Code :- 1                              |                          |                |
|          | : ' •                              | ir  | ng2506@bellsouth.ne                                       | t                        | ZHI DEC 12 N   |
|          |                                    | E-mail address:   | (to be used for future annual rep                         | oort notification)       |                |
| For furt | her information c                  | oncerning this matter, please   | call:   |                          | AMII: 07       |
|          | IVE                                | T M GOMEZ   | at ( 305 )  | 586-2183                 | H: 07          |
|          | Name o                             | f Person  | Area Code &   | Daytime Telephone Number |                |
| Enclose  | d is a check for th                | ne following amount:  |   |                          |                |
|          | 00 Filing Fee                      | \$30.00 Filing Fee & Certificate of Status  | \$55.00 Filing Fee & Certified Copy (additional copy is e | enclosed) Certified      | te of Status & |
|          |                                    | ••  |   |                          |                |
| ,        | Registr<br>Divisio<br>P.O. Bo      | ING ADDRESS:<br>ation Section<br>on of Corporations<br>ox 6327<br>ussee, FL 32314 | Registratio<br>Division of<br>Clifton Bui                 | Corporations             |                |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida document numberL10000089133  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre  |
|--|
| Florida document numberL10000089133  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre  |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre  |
| A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre  |
| A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre "L.L.C."   |
|  |
|  |
| Enter new principal offices address, if applicable:  |
| (Principal office address MUST BE A STREET ADDRESS)  |
| The state of the s |
| 2  |
| Enter new mailing address, if applicable:  |
| (Mailing address MAY BE A POST OFFICE BOX)   |
|  |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = Manager ' MGRM = Managing Member  |  |  |                     |  |  |  |  |
|---|--|--|---------------------|--|--|--|--|
| <u>Title</u>  | <u>Name</u>                              | Address  | Type of Action      |  |  |  |  |
| MGRM  | JULIO C GONZALEZ                         | 5369 W 23RD AVE<br>HIALEAH, FL 33016               | _☑ Add<br>_□ Remove |  |  |  |  |
|   |  |  | ☐ Add<br>☐ Remove   |  |  |  |  |
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|   |  | SARY<br>SERVICE                                    | Add Remove          |  |  |  |  |
| D. If amendin   | og any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | Add Femove 1        |  |  |  |  |
|   |  |  |                     |  |  |  |  |
|   | <u> </u>                                 |  | -                   |  |  |  |  |
| Dated   | December 7 201                           |  |                     |  |  |  |  |
| Signature of number of authorized representative of a member  Typed or printed name of signee |  |  |                     |  |  |  |  |

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