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SECRETARY OF STATE

US, 6/10/21

## **COVER LETTER**

	gistration Se vision of Co				
SUBJECT.	RULON G	ROUP, LLC			
SUBJECT:		Name of Lin	nited Liability Company		-
The enclosed	d Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please return	ı all correspe	ondence concerning this matter	to the following:		
		LAURA RULON			
			Name of Person		<del></del>
		LAURA RULON, LLC			
		<del></del>	Firm/Company	-	_
		8123 8TH TER NW			2021 # SEC:
			Address		R R
		BRADENTON, FL 34209	)		R 29 PH
		LAURARULON5@GMAI	City/State and Zip Code		2021 APR 29 PH 3: 04 SECRETARY OF STATE TALLAHASSEE, FL
			(to be used for future annual repor	t notification)	. 대
For further in	nformation c	oncerning this matter, please o	call:		
LAURA RU	ILON		941 896-275 at ( )	57	
	Name o	f Person	Area Code Da	aytime Telephone Numb	htr
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
	iling Addres		Street Addres Registration		
Div	vision of C	orporations		Corporations	
	). Box 632		The Centre	of Tallahassee	
Lal	lahassee, l	rt. 32314	2415 N. Mc	nroe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000122134</u> .	were filed on $3.15.2021$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
LAURA RULON, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		SEC ₩EC
		E P
		29
Enter new mailing address, if applicable:		SS 70 11
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		05
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	iter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street aa	ldress
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

RULON GROUP, LLC

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 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
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Tective date, if other than	the date of filing			(opti			
in effective date is listed, the date	must be specific and a	cannot be prior to o	late of filing or more	than 90 days after	· filino	) Pursua	nt to 605.020
ote: If the date inserted in the ocument's effective date on the	ie Department of St	ate's records.	e statutory ming i	equitements, tri	s date	wiii no	t be listed a
acord specifies a delayed aft	ctive date, but not a	an effective time	, at 12:01 a.m. on	the earlier of: (b	) Th	e 90th o	day after the
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