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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

2022 5411

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RUGANDCO LLC**

Certificate of Status	0
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUGANDCO LLC	
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on and assigned
Florida document number <u>L22000470931</u>	 '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Lii	imited 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 ADD	ORESS)
	2028 NOV
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Muning duaress MAT BE ITT OFF OFFICE BOXY	
B. If amending the registered agent and/or registero	red office address on our records, <u>enter the name of the new register</u> .
agent and/or the new registered office address nere.	•
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.

City

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	ORHAN, SAMET	12481 HEATHGATE CT	
		JACKSONVILLE, FL 32225	⊠Remove
			□Change
AMBR	Axel Wilson	907 42 Walker Street	% Add
		Rhodes, NSW, AU, 2138	□Remove
			□Change
AMBR	Emine Tok	U 2008 14 Hill Road	∑ :Add
		Sydney Olympic Park, NSW AU, 2127	□Remove
			□Change
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<u>ote:</u> If	e date, if other than the five date is listed, the date mus the date inserted in this blo it's effective date on the De	ock does not meet	the applicable sta	of filing or more that atutory filing requ	(optional) in 90 days after filing. irrements, this date	Pursuant to 605.0207 will not be listed as
record s Lis filed	specifies a delayed effective I.	e date, but not an c	effective time, at	12:01 a.m. on the	earlier of: (b) The	: 90th day after the
ated	November 28	· · ·	2022			
		Riluy Signature of a mem	ber or authorized re	epresentative of a r	nember	

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