## L23000445008

(Requestor's Name)
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## **COVER LETTER**

TO: Registration S Division of Co			, &
Rude Dude	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Daniel J Rose Esq		
		Name of Person	
	Daniel J Rose PA		
		Firm/Company	
	323 NE 6th Avenue		
		Address	
	Defray Beach, Florida 334	83	
		City/State and Zip Code	
	rose@djrpa.com	•	
	E-mail address: (	to be used for future annual report noti:	fication)
For further information of	concerning this matter, please ea	all:	
Daniel J Rose Esq		561 542-9174	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 633		Division of Cor The Centre of T	•
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GANIZATION	, , , , , , , , , , , , , , , , , , ,	٠,

Rude Dud	e LLC	2023 OCT -3 PH 5:38			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)	100			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000445008}{1.23000445008}$ .	were filed on September 26, 2023	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3276 AMBERLEY PARK CIR				
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FLORIDA 34743-6	6056			
Enter new mailing address, if applicable:	3276 AMBERLEY PARK CIR				
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FLORIDA 34743-6	5056			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address				
	, Florid	a			

## 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 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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Effective date, if other than the an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	meet the appl	icable statutory	or more than 90 filing require	(optional) days after filing, nents, this date	) Pursuant to 605.02 will not be listed
e record specifies a delayed effected is filed.	tive date, but no	ot an effective	time, at 12:01 a	um, on the ear	lier of: (b) Th	e 90th day a <b>fte</b> r th
Dated September 27		2023				
			······································			

Typed or printed name of signee