

L04000036372

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Rudkin-Torode Enterprises, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William E. Torode, IV

Name of Person

Rudkin-Torode Enterprises, LLC

Firm/Company

4425 US Highway 1 South, Bldg 507

Address

St. Augustine, Florida 32086

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William E. Torode, IV

Name of Person

at (

904 669-7356

) Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Rudkin-Torode Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-13-2004 and assigned
Florida document number L04000036572.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable: 4425 US Highway 1 South, Bldg 507
(Principal office address MUST BE A STREET ADDRESS) St. Augustine, Florida 32086

Enter new mailing address, if applicable: 4425 US Highway 1 South, Bldg 505
(Mailing address MAY BE A POST OFFICE BOX) St. Augustine, Florida 32086

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

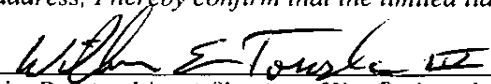
Name of New Registered Agent: William E. Torode IV

New Registered Office Address: 4425 US Highway 1 South, Bldg 505
Enter Florida street address

St. Augustine, Florida 32086
City Zip Code

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. On 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.


William E. Torode IV
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Greg Rudkin	192 Fonseca DR	<input type="checkbox"/> Add
		St. Augustine, FL 32086	<input checked="" type="checkbox"/> Remove
MGR	William E. Torode III	4425 US Highway 1 South, Bldg 507	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32086	<input type="checkbox"/> Remove
MGR	William E. Torode IV	4425 US Highway 1 South, Bldg 507	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32086	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 16, 2014

Signature of a member or authorized representative of a member

William E. Torode IV

Typed or printed name of signer

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Filing Fee: \$25.00

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