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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: RUShe therense 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:		
Tashara Minto Name of Person		
RUShe Enterprise LLC Firm/Company		
438 NE 210th Circle terrace Suite 202		
Address		
MIAMI FL 33079		
City/State and Zip Code  Rushenteronse LTD & Gmail Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tashara Minto  at (305) 761-330Z  Name of Person  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$ \$Certified Copy (additional copy is enclosed)} \text{\$\$\$}		
MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rushe Enterpris	ellc	
(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		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1041 NW 187th AVE Pembroke Pines FL 33029	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	City Florida, Florida	
New Registered Agent's Signature, if changing Registered Agent:	FEB 2 CRETA LAHAS	
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duties, and I amfumilier without or ovided for in Chapter 608, F.S. Or, if this document is	

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 **Title Name Address** Type of Action Tashara Minto 1041 NW 187th AVE PEMBROKE PINES FL 3 MGRM 1041 NW 187th AVE PEMBYOKE PINES FL. Add ☐ Remove MGR MERM 22 MT Vernon AVE MT VERNON NY 10550 MGRM 1041 NW 187th AUC Pembruke Pines FL 3309  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00