## L110000 80925

(Requestor's Name)  (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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TALLAHASSEE FLORIDA

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## **COVER LETTER**

	Registration Se Division of Cor			•
SUBJEC	J & A Rutle	edge Enterprises, LLC		
		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Arthena Rutledge		
			Name of Person	
		Hybrella Group, LLC		
		3225 S Macdill Avenue #1	129-220	
		Tampa, Fl 33629		
			City/State and Zip Code	
		arthena@hybrella.com		······································
For furthe	r information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notificall:	eation)
Arthena I	Rutledge		813 263-4667	CO CO CO PERSON
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		<b>第一 2</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
□ \$25.0	0 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)

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

J & A Rutledge Enterprises, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	1		
The Articles of Organization for this Limited Li Florida document number L11000080925	ability Company	were filed on 7/14/2011	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
Hybella Group, LLC		•			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if application	able:	3225 S Macdill Avenue #129-220	0		
Principal office address MUST BE A STREET ADDRESS)		Tampa, Fl 33629			
Enter new mailing address, if applicable:		3225 S Macdill Avenue #129-220	0		
Mailing address MAY BE A POST OFFICE	BOX)	Tampa, Fl 33629			
3. If amending the registered agent and/egistered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address:	fice address her	e: Avenue #129-220	enter the name of the		
	Tampa	Enter Florida street address Flor	ld a 33629 №		
		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. 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 Changing Registered Agent, Signature of New Registered Agent

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 is listed, the date must be specific and cae: If the date inserted in this block does not me	annot be prior to dat et the applicable :	e of filing or mon statutory filing i	e than 90 days a requirements,	this date will:	not be listed
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record specifies a delayed effective da he 90th day after the record is filed.  ed September 7 Signature of a me					

Page 3 of 3

Filing Fee: \$25.00