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(Re	equestor's Name)	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Solution of Cou		~ J	
SUBJECT:	ush lock	Ed Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carl Be	ntley Name of Person CK And Key Firm/Company	
		Name of Person	
	(Kush lo	ck And key	llc
		Firm/Company	,
		Address	
		Address	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information of	concerning this matter, please c	all:	
		at ()	
Name o	f Person	at () Area Code & Daytime To	elephone Number
Englosed 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)	□\$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

Rush L	LOCK AND K	ey LLC
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liab		6 18 2013 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company he	re:
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation "LLC" of the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
Mauing duaress MAT BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fi	nter Florida street address
	Li	
-	City	, Florida 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 608, 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 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

AGRM CARL BOOTEST 16034 HORIZON CONST MADD Add

CLEBRANT, FL 34711 Remove

	1	CLEEMONT, FL 34711	Remove
<u>_</u>			Add
			Add
			Add Remove
			Add Remove
			Add Remove

Ð.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Da	ited	
		1 dly de
		Signature of a member or authorized representative of a member
		Signature of a member or authorized representative of a member CALL Bentley. Typed or printed name of signee
		Dans 2 of 2

Page 3 of 3

Filing Fee: \$25.00