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SECRETARY OF STATE

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# **COVER LETTER**

SUBJECT: Sud	den Rush	Permance, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	James (	Z hler Davis _ Name of Person	Jr.
		Name of Person	
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		Firm/Company	31. T. W. W 1.
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	2330 SW 35	Place Ap+# C1	2
	Cameville, F	City/State and Zip Code	
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	E-mail address: (to	o be used for futury annual report notifies	
For further information ec	oncerning this matter, please ca	11:	DEC 2
			ARI SSE
James	Davis	at (352) 871-2 Area Code Daytime T	1951 mg m 6
Name of	Person	Area Code Daytime	elephone Nillaher A G
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Enclosed is a check for th	e following amount:	1/	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	z winium w. widing	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Sudden 118/14 The Articles of Organization for this Limited Liability Company were filed on Florida document number L14000138926. 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: City 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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			□ Remove
			Change
MGR	Raymond J. Ojeda	7180 SW 4th RO Unit 102 Gainesville, FL 32607	□ Add
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Filing Fee: \$25.00