L15000127110

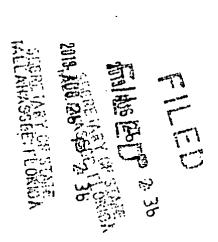
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COVER LETTER

TO:	Registration Second Division of Corp		e de e						
		operties, LLC	·						
SUBJI	ECT:	Name of Lim	ited Liability Company						
The en	oclosed Articles of a	Amendment and fee(s) are sub-	mitted for filling.						
Please	return all correspo	ndence concerning this matter	to the following:						
		Camille Iurillo							
			Name of Person						
		Iurillo Law Group, P.A.							
			Firm/Company						
Address St. Petersburg, FL 33707 City/State and Zip Code									
							ciurillo@iurillolaw.com	to be used for future annual report notif	ication)
					For fu	rther information co	oncerning this matter, please ca		,
					Camil	lle Iurillo		727 895-8050 at ()	
	Name of	f Person	Area Code Daytimo	: Telephone Number					
Enclos	sed is a check for th	ne following amount:							
\$2	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 FILED

RUDSK PROPERTIES, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) TORY TARY, SY STATE JAZJAHASSTE. FLORIDA The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L15000127110</u> 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 "L.L.C." 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: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
AMBR	Camille J. lurillo	5628 Central Avenue	
		St. Petersburg, FL 33707	□ Remove
			Change
MGR	Joseph Petrella	6822 22nd Ave N., #331	= Add
		St. Petersburg, FL 33710	Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
			Change
		<u></u>	Remove
			Change
			Add
			Remove
			☐ Change

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F Effectiv	ve date, if other than the date of filing: (optional)
(If an effective Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
(-,	
Dated _	5/21/19 2019
_	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00