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COVER LETTER

TO:	Registration Se Division of Con			
SUBJE	CT.	VIAGOOOD	SYSTEM USA LLC	
30031.	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
			Josef Scharfen	
			Name of Person	
		Нус	ra Consulting LLC	
			Firm/Company	
		160	Cobble Creek Drive	1
			Address	
		Tanr	nersville, PA 18372	
			City/State and Zip Code	
			n@hydra-consulting to be used for future annual report notice	
For furth	ner information c	oncerning this matter, please ca	all:	
	Josef !	Scharfen	at (<u>917</u>) <u>900-7</u> Area Code <u>Daytim</u>	7371
	Name o	t' Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for the	ne 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:

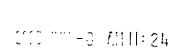
TO:

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



VIAGOOOD SYSTEM USA LLC
(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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Rubicon Fashion LLC
he 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)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered 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.

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
			
			Remove
			Change
			
			□ Remove
			Change
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n effective dat o <u>te:</u> If the da	, if other than the date of fi e is listed, the date must be specific ite inserted in this block does n ective date on the Department	c and cannot be prior to sot meet the applicab	date of filing or more de statutory filing re	(optional) than 90 days after filing.) quirements, this date	Pursuant to 605.02 will not be listed
record sp The 90th d	ecifies a delayed effectively lay after the record is file	e date, but not ed.	an effective time	e, at 12:01 a.m. (on the earlier
ted	May 28	2020	. ·		
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Page 3 of 3

Filing Fee: \$25.00