116000144120

(Re	questor's Name)	
(A'd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	•
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2016 AUG 24 PM 2: 51
SECRETARY OF STATE

K.SALY Examiner AUG 25

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Rucker #	3050, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Delbert	Wynn Smith,	President
		Tnc. Firm/Company	
		sta Oak Driv	<u>e</u>
	Longwo	od, FL 3277	19
	wynn. S	City/State and Zip Code mith Gme, Co to be used for future annual report notifi	om
For further information co	ncerning this matter, please ca	·	cation
D. Wynn	Smith	at (487) 497 - Area Code Daytime	2584
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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

2016 AUG 24 PM 2:51
ALLAHASSEF STAIR

Rucker #3050, 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 August 2,2016 and assigned Florida document number L16000144120

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "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 of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the name of the ne
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Esp code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Delbert W. Smith	200 Vista Oak Drive	□ Add
		Longwood, FL 3277	Remove
			Change
AMBR	Afloyd, Inc.	200 Vista Oak Drive	Add
		200 Vista Oak Drive Longwood, FL 32779	☐ Remove
			□ Change
			Add
	•		☐ Remove
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Aug	ust 16		, <u>20</u>	16.					
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Page 3 of 3

Filing Fee: \$25.00