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COVER LETTER

Division of Corp	orations		
SUBJECT: RU	STY AUT	o LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
•			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	, and the second	· ·	
	Ruslan	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Rusty Aut	o LLC Firm/Company	
	700 Mill c	reek Rd	
	Jacksonville	Florida 32211 City/State and Zip Code	
	Rusty Melo	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
RUSIAN Me Name of	NIK Person	at (Noy) 553 - Daytime	6932 Telephone Number
Enclosed is a check for the	e 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

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

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rds.)	.42 <i>8</i> £	E.FLO	TATE.

(A Florida 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 March Ob, 2017 and assigned Florida document number 170005222b.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability comp	any here
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The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the ne
Name of New Registered Agent:	·	
New Registered Office Address:		
·	Enter Florida stree	t address
	City	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 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 **Title** Name . <u>Address</u> Type of Action MGR Ruslan Melnik 257 Brookchase Ln W Jacksonlille Florida 32225 ☐ Change _□ Add ☐ Remove _□ Change ≥ 2 Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove

_□ Change

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Effective date fan effective dat Note: If the dat document's effe	e is listed, the dat te inserted in tl	te must be specif his block does	fic and cannot l not meet the	be prior to date applicable st	of filing or more	than 90 days aft	tional) er filing.) Pursu nis date will no	ant to 605.0207 ot be listed as
	ecifies a del ay after the			ut not an	effective tin	ne, at 12:01	a.m. on th	e earlier of
Dated				•		a member		

Page 3 of 3

Filing Fee: \$25.00