# L17000175589

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OCT 06 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rutland and ASSOCIATES LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Shane Rutland	
Rutland and Associates LLC Firm/Company	
2299 Hunters Moon TR	
Tallahassee FL 32303 City/State and Zip Code	
F-mail address: (to the used for future annual report notification)	
For further information concerning this matter, please call:	
Shane Rutland at (850) 544-5484  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. 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**

Rutland and Associates	5 LLC 2020 AUG 21 PH 4: 23			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL1700017 5589	were filed on 8/16/2017 and assigne			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here;			
Rutland 'Homes LLC Internew name must be distinguishable and consum up Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2299 Hunters Moon TR			
Principal office address MUST BE A STREET ADDRESS)	Tallahassel FL, 32303			
Enter new mailing address, if applicable:	2299 Hunters Moon TR.			
Mailing address MAY BE A POST OFFICE BOX)	Tallahassel FL, 32303			
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			
New Registered Office Address:				
New Registered Office Address:	Enter Florida street address			
New Registered Office Address:	Enter Florida street address  Florida  City  Ziv Code			

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>	Name	Address 2529 Al '9 2   Pil 4: 23	Type of Action
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Filing Fee: \$25.00