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COVER LETTER

Division of Corporations
SUBJECT: Rugh Financial Golutions, 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:
Bertha Evgene Alcide Rush Financial Golutions, UC Firm/Company
6440 NW 20th Wort Apt. 1
Suncise Fl 33313 City/State and Zip Code Dalcide 940 Amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Berther Alcide at (954) 1188-11955 Name of Person at (954) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited)	al Golution 5, LEC. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> 7 000 22 11.2	were filed on $10-25-2017$ and assigned $\frac{3}{2}$
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 Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	tity Company," the designation "L.L.C." 3890 West Commercial R Suite 299 Tamarac, FL 33309
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3990 West Commercial Bl Suite 999 Tamarac, FL 33309
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Cock
New Registered Agent's Signature, if changing Registered Agent:	

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo	we 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 of: 90th day after the record is filed.
Dated _.	August 06 9019. Berlie Alcide Signature of a member or authorized representative of a member
	Betha Alcide Typed or printed name of signee

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Filing Fee: \$25.00