

L18000069652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

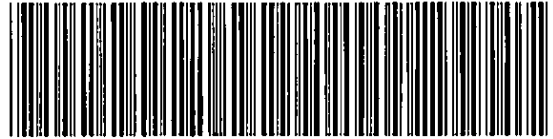
(Business Entity Name)

(Document Number)

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2023 FEB 27 PM 4:19

STATE
TALLAHASSEE, FL

ef 2/28/2023

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 02/27/2023

Acc#120160000072

am: c DW

Name:	Ruston Capital LLC
Document #:	
Order #:	14803755 - 23

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
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Amount: \$ **55.00**

Thank you!

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 FEB 27 PM 4:19

Ruston Capital LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/19/2018 and assigned
Florida document number L18000069652.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o Becker, Glynn, Muffly, Chassin & Hosinski LLP

299 Park Avenue - 16 Floor

New York, NY 10171

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Becker, Glynn, Muffly, Chassin & Hosinski LLP

299 Park Avenue - 16 Floor

New York, NY 10171

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.

/s/ Lauren Kreatz, Vice President

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 27, 2023

David Tobon

Signature of a member or authorized representative of a member

David Tobon, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00