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COVER LETTER

TO;	Registration Se Division of Cor		٠ .	ge e	
eu bie.		LDERS OF WEST VIRGINIA	A. LLC	•	
SUBJE	u:	Name of Lim	Name of Limited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	_		
		ANDREW M. REED			
			Name of Person		.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
		REED MAWHINNEY &	LINK, PLLC		
			Firm/Company		7 PLD
		· · · · · · · · · · · · · · · · · · ·	Address		.
		LAKELAND, FL 33803			;
			City/State and Zip Code		
		ANDY@POLKLAWYER.	COM to be used for future annual	synort natification)	
For furth	ner information c	oncerning this matter, please co		,	
	EW M. REED	, · · · ·	863 68	7-1771	
	Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:			
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifica closed) Certified	te of Status & Copy
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	Registrat Division Clifton B	IT/COURIER ADDRESS: ion Section of Corporations duilding cutive Center Circle	/

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUE BUILDERS OF WEST VIRGINIA		
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 10/4/2018	and assigned
lorida document number L18000235375	 -	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mited liability company here:	
RUE CORP OF WEST VIRGINIA, LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbreviation, "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	- 4
		, 1
		2 3
nter new mailing address, if applicable:		***
Mailing address MAY BE A POST OFFICE BOX		
. If amending the registered agent and/or registered agent and/or the new registered office ac		enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer 1 for the street data ess	
	, Floric	da Zip Code
	City	zip Coae

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: 'an effective date is listed, the date must be specific and cannot be provote: If the date inserted in this block does not meet the applocument's effective date on the Department of State's recor	rior to date of fil olicable statuto	ing or more than 90 ry filing requirer	(optional) days after filing. nents, this date) Pursuant to	605.02 listed
			10.01	on the ea	rlier
	not an effe	ctive time, at	12:01 a.m.		
e record specifies a delayed effective date, but in the 90th day after the record is filed.	not an effec	ctive time, at	12:01 a.m.		
e record specifies a delayed effective date, but the south day after the record is filed.	·				-

Page 3 of 3

Filing Fee: \$25.00