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COVER LETTER

Division of Corporations
SUBJECT: SUNTOWN Rucking, 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:
CARlow VERRIETT
Name of Person
303 W. Clack St.
Address Winey 12 3235/ City/State and Zip Code
City/State and Zip Code (AR/OWN OAO), CO127 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 252 532-435 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

TO ARTICLES OF ORGANIZATION, OF

Gutown TRUE	chia a	11:00 8 (10)	6 <u>[]] </u>
(Name of the Limited Lia) (A Flor	bility Company as it rida Limited Liability	now appears on our rec Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number 4/90000 44	y Company were fi <u>48</u> .	ited on <u>() //02/</u>	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l	imited liability co	mpany here:	
The new name must be distinguishable and contain the words "I	Limited Liability Com	pany," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office a	ddress on our reco	rds, enter the name of the
Name of New Registered Agent: /	N/N		
Hew Kegistered Office Address.		Enter Florida street ad	lress
	Cii		Florida Zip Code
New Registered Agent's Signature, if changing Regist		·	zy) Cone
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	id complete perfor d agent as provide tered office addre	mance of my duties ed for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	CLARENCE CARDENER	1325 HUBERS CT. Odissa, 12 33556	
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Effect	ive date, if other than the date of filing:
(If an ef	fective 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 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docum	nent's effective date on the Department of State's records.
docum	telle 3 effective date on the 19 epartment of State 3 records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
o) The	e 90th day after the record is filed.
	$i(\lambda)/i(\lambda)$
Dated	10/16/19.
	Ch-thillMMN (
	Signature of a member or authorized representative of a member
	CARTON BARMER SEAR VERRIETT
	CARLOW DARMER DEAR VERRIE!
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00