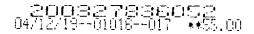
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2019 APR 12 AMII: 1

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C. GOLDEN APR 2.2 2019

COVER LETTER

Div	ision of Cor	porations	ži.	•
SUBJECT:	Rugged Ger	ntry LLC		
		Name of Limit	ed Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspo	ndence concerning this matter to	o the following:	
		Amber Milot		
			Name of Person	
		Rugged Gentry LLC		
			Firm/Company	·
		2818 Preveza Court		
			Address	
		Jacksonville, F1. 32246		
		info@rivetandvine.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report r	notification)
For further in	nformation c	oncerning this matter, please ca	Π:	
Amber Milo	ĭ		904 655-2198 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

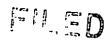
TO:

Registration Section

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



Rugged Gentry LLC

2019 APR 12 AM 11: 11

(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	1980 AL SSEE, FI
The Articles of Organization for this Limited Liability C	ompany were filed on 03/19/2019	and assigned
Florida document number L19000076375		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
Rivet & Vine LLC	is submitted to amend the following: name, enter the new name of the limited liability company here: Description	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address:	tered office address on our record ress here:	ds, enter the name of the new
	F	lorida
		Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, o gent as provided for in Chapter 605	and I am familiar with and , , , , , , , , , , , , , , , , , , ,

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			□ Remove
			Change
			Add
			Pemove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
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			Remove
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			D	
ffective date, if other than an effective date is listed, the date	the date of filing: must be specific and cannot be	prior to date of filing or more t	(optional) han 90 days after filing.) Pursuant to 60:	5.0207 (
lote: If the date inserted in thi	s block does not meet the a	pplicable statutory filing rec	quirements, this date will not be list	ted as t
ocument's effective date on th	e Department of State's rec	ords.		
e record specifies a dela	ved effective date, bu	t not an effective time	e, at 12:01 a.m. on the earli	ier of:
The 90th day after the				
ated	2019			
ated	·	·		
/				
	Signature of a second	authorized representative of a	manhae	
	organitie of a member of	audionized representative of a	MCHRC	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00