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COVER LETTER

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| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Rubik Engineering 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: |
| Audrey A. Gaines Name of Person |
| Rubik Engineering LLC |
| 5082 Creek Crossing Drive |
| Jack Sonville, FL 32226 City/State and Zip Code |
| jagbay 3@ comcast.net E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Audrey A. Gaines at (904) 683-8179 Name of Person Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

 $(1- \overline{\mathbf{A}_{\mathbf{k}}}, 2- \overline{\mathbf{a}_{\mathbf{k}}}) = \mathbf{a}_{\mathbf{k}}$

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**

Public Francesina IIC

| (Name of the Limited Liability (A Florida | UT 1 C4 ility Company ida Limited Lia | as it now apperhility Company | ars on our reco | ords.) | | |
|--|---|-------------------------------|--|-------------------------------------|--------------------|------------|
| The Articles of Organization for this Limited Liability Florida document number <u>L190002293</u> 1 | | rere filed on _ | 09/11/ | 2019 | and ass | igned |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the lir | <u>mited liabili</u> | ty company | <u>here</u> : | | | |
| The new name must be distinguishable and contain the words "Li | imited Liability | · Company," the | designation "l. | LC" or the abbrevi | ition "L. | IC." |
| Enter new principal offices address, if applicable: | | | | | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | | | <u>≯.</u> | _ | |
| | | | | | - 3 8 0 | |
| Enter new mailing address, if applicable: | | | | ···· | ('O | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | _ <u>#</u> = | |
| | | | | <u> </u> | - 3 6 | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | | on our reco | rds, enter the | name_ | of the new |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: 56 | 082 | <u>Creet</u> Enter Fi | <u>Cros</u> Iorida street add | ssing I | riv | <u>e</u> |
| J | achso | <u>enville</u> | <u>. </u> | SSING I fress Florida 32 Z | | <u>,</u> |
| New Registered Agent's Signature, if changing Register | red Agent: | | | | | |
| I hereby accept the appointment as registered agen | | | | | | |

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 |
|--------------|------------------|-------------------------|----------------------------------|
| AMBR | Audrey A. Gaines | 5082 Creek Crossing Dr. | _ Ф∕Add |
| | · | Jacksonville, FL 32226 | □ Remove |
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| If an effective date is lis Note: If the date ins | ther than the date of filing:ted, the date must be specific and cannot be perted in this block does not meet the apedate on the Department of State's reco | orior to date of filing or more than 9 plicable statutory filing require | 0 days after tiling.) Pursuant to 0 | 605.0207 isted as |
| ne record specifi The 90th day a | es a delayed effective date, but fter the record is filed. | not an effective time, at | : 12:01 a.m. on the ea | rlier of |
| Dated Nover | nber 20 20 | 19 | | |
| | Signature of a member or | authorized representative of a men | sber | |
| | . (/ | Gaines orinted name of signee | | |

Page 3 of 3

Filing Fee: \$25.00