19000247840

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Sec Division of Corp			
631 LD 113		Rutherford Enterprises 8078, L	LC	
SUBJE				
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Charles M. Rutherford, Sr.		
			Name of Person	
		Rutherford Enterprises 807	8. LLC	
			Firm/Company	
		7870 Jured Way		
			Address	
		Tallahassee, FL 32309		
		mikeruth24@hotmail.com	City/State and Zip Code	
		h-mail address: (1	to be used for future annual report notif	ication)
For furt	her information ec	oncerning this matter, please ca	all:	
Charles	M. Rutherford, S		850 567-9212 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	.00 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 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

FILED 28% NOV -5 AMID: 46

Rutherford Enterprises 8078, LLC ALL MHASSEE, FLORID (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 1, 2019 and assigned Florida document number _ L19000247840 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rutherford Enterprises 2, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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> N/A	Address	Type of Action
			□ Remove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
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			Add
			□ Remove
			☐ Change
			□ Remove
			□ Change

					
					
					
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	is block does not meet the	e applicable statutor	op og or more than 90 days at y tiling requirements, t	tional) ter filing.) Pursuant to 605 his date will not be liste	5.0207 ed as
document's effective date on a	ic Department of State 51	ecords.			
ne record specifies a dela The 90th day after the		out not an effect	tive time, at 12:01	. a.m. on the earlie	er o
Dated November 5	2019) 			
	Signature of a member	or authorized process	ntative of a member		
	·	or authorized selvere	mace to the most		
Charles M. Rutherf	and Sn				

Page 3 of 3

Filing Fee: \$25.00