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COVER LETTER

Rutherford Enterprises 8034, LLC SUBJECT: __ 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: Charles M. Rutherford, Sr. Name of Person Rutherford Enterprises 8034, LLC Firm/Company 7870 Jared Way Address Tallahassee, FL 32309 City/State and Zip Code mikeruth24@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles M. Rutherford, Sr. Daytime Telephone Number Name of Person 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 Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

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 MOV - 5 AM 10: 41

(Name of the Limited Liability Company as it now appears on our records?) LAHASSEF. FLORING (A Florida Limited Liability Company) Rutherford Enterprises 8034, LLC The Articles of Organization for this Limited Liability Company were filed on October 1, 2019 ___ and assigned Florida document number $\frac{1.19000248098}{1.19000248098}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rutherford Enterprises 1, 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ____ Cirv

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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u> N/A	Address	Type of Action
			Add
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ffective date, if other than an effective date is listed, the dat <u>sote:</u> If the date inserted in the ocument's effective date on t	e must be specific and his block does not r	I cannot be prior to one of the cannot be applicable ap	late of filing or more t		
e record specifies a dela The 90th day after the			n effective time	e, at 12:01 a.m. o	n the earlier of:
November 5		2019			
(*)	y P.D.	DO 20	ed representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00