## 000 86093

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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JUN 11 2020 S. YOUNG

## **COVER LETTER**

	stration Section of Corpo				
I SUBJECT: _		m Home Builders, LLC			
John Der.			red Liability Company		
The enclosed a	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return a	ill correspond	dence concerning this matter to	o the following:		
		Denis Rud			
			Name of Person	·	
		D & G Custom Home Build	lers, LLC		
	Firm/Company				
		2559 Trico Rd			
			Address		
		North Port, F1, 34287			
		Russocp4@yahoo.com	City/State and Zip Code		
		E-mail address: (to	be used for future annual report noti	fication)	
For further inf	ormation cor	icerning this matter, please ca	II:		
Denis			941 204-8013 at ()		
	Name of F	Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a c	check for the	following amount:			
■ \$25.00 Fil	ling 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & G Custom Home Builders, LL	٠.(٠		020 H
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number 1.20000086093	iability Company		and assigned 5: 42
This amendment is submitted to amend the following	lowing:		·
A. If amending name, enter the new name of	of the limited liab	ility company here:	
RUD CONSTRUCTION, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Same as is	
(Principal office address MUST BE A STREI			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	Same as is	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Same as is		
New Registered Office Address:	Same as is		
		Enter Florida street address	
		, Florid	a
		City	Zin Code

## 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 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
			🗆 Add
			□Remove
			Change
	<del></del>		□Add
			□Remove
			Change
<del></del>			□Add
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			□Add
			□Remove
			[]Change
	<del></del>		□Add
			□Remove
			Channe

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 100 30, 20, 20, 20 (optional)
(If an effective 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 605.0207 (3)(b) document's effective date on the Department of State's records.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

Signature of a member of authorized representative of a member Denis Rud
Typed or printed name of signee

record is filed.

Filing Fee: \$25.00