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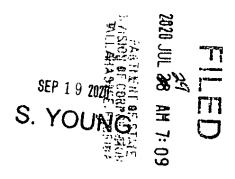
(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporation	is a second seco
SUBJECT: SHAAY K	Push Republic LLC Name of United Liability Company
	Name of Limited Liability Company
The enclosed Articles of Amenda	nent and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
	Tajha Houston
	Sugar Rush Republic LLC
	3473 Chatelaine C1. Address
	Tallahussil FL 32300
	Fajha. houston @ gmail. COM E-mail address: (to be used for future fannual report notification)
For further information concerning	g this matter, please call:
Tajha t Name of Person	TOUSTON at (250) 728-2333 Area Code Daytime Telephone Number
Enclosed is a check for the follow	ing amount:
	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporate	Registration Section ions Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sugar Rush Rush Rush (A Florida Limited Liability Compa	my as it now appears on our records.) Liability Company)	The state of the s
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000/12970Z</u>	NA 13	2020 and assigned
A. If amending name, enter the new name of the limited liabil	ility company here:	· · · ·
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the 31179. Chafe a re	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tallahassoe, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3478 Chatelaine Tallahassee, FL	1 Ct 32308
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip 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
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
		□Remove	
			□Change
		\ _Add	
		□Remove	
		□Change	
		□ Add	
			□Remove

. Han	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	July 27 th 200
	Signature of a member or authorized representative of a member
	1 ay Na Houston

Filing Fee: \$25.00