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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor		d	•	8
SUBJECT:	Southean Blub In	dustrial LL		·
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Shane	Decker		
	21.1	Name of Person		
Southern	Blod of Decke	in Capital.	Inc.	
The state of the s		Firm/Company		
	1108 Ka	ne boncourse	#308	
		Address		
	Ros Harbo	Islands, FL	3315	4
	Baj iin	City/State and Zip Cool decker-cap	le .	<u>·</u>
	Shane@	decker-cap	sital. or	~
	E-mail address: (to be used for future annu	al report notific	ration)
For further information co	oncerning this matter, please c	all:		
Shane	Decker	at (305)_Area Code	988-	8333
Name of	Person	Area Code	Daytime	Telephone Number
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is a		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address			Address:	
Registration S Division of C		_	tration Section of Corp.	
P.O. Box 632	-		Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rlud + Justain LLL

(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records. ility Company))
The Articles of Organization for this Limited Liability Company we lorida document number	re filed on August 14	nnd assigned
his amendment is submitted to amend the following:		2020
A. If amending name, enter the new name of the limited liability	company here:	F1LF 2020 OCT 22
he new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Cont	Company," the designation "LLC"	or the abbreviation "L. "
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		25
Enter new mailing address, if applicable:		
3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida

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.

Cinv

Zip Code

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>	<u>Address</u>	Type of Action
MGR	Richard Wasenstein		
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effective of	date is listed, the date must be s	pecific and cannot be prior to date of loes not meet the applicable statu	filing or more than 90 days after	Hiling.) Pursuant to 605,020
	effective date on the Depart			
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cora spec s filed.	thes a delayed effective date	e, but not an effective time, at 12:	or a.m. on the earlier of: (o) The 90th day after the
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ed(October 15			
		12		
_	Sign	wurp of a member or authorized repri	esentative of a member	
		Share Decker		