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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Rud	eragro d	e Colorno	ia LLC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Jeren	Name of Person	<u> </u>
	Jeremiah o	Co. Commu	rcial Real Estate LLC
	49 SW F	lagler Ave	. Suit 301
	Stuart,	FL. 349 City/State and Zip Code	94
_	E-mail address: (i	m @ (omme	ialrealestate 11 (. com
For further information conce			
Jeremiah Name of Per	Bacon	at (772) 7	286 - 5744 Paytime Telephone Number
Encloyed is a check for the fo	llowing amount:		
S25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corports P.O. Box 6327 Tallahassee, FL 3	orations	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ruderago de (alombia LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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 1-7-2021 and assigned
Florida document number 121001020195
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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: Jeremiah Baron
Name of New Registered Agent: New Registered Office Address: 49 SW Flagter Ave. Suit 30 in Enter Klor) da street address Stuat Florida 34994 City Sup Gode
Stuart Florida 34994 City Zup Gode
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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Matthew Koblegard	49 SW Flagler Ave	□Add
	O	49 SW Flagler Ave Suit 301, Stuart, Fr	7_ [IRemove
		34994	
			□Add
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iote: If t	he date inserted	in this block does r	not meet the app	olicable statutory fil	ing requirements, this	date will not be listed as
ocument	's effective date	on the Department	of State's recor	ds.		
record sp is filed.	secifies a delayed	d effective date, but	i not an effective	e time, at 12:01 а.п	i. on the earlier of: (b)	The 90th day after the
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