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Division of Corporations Electronic Filma Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROETZEL & ANDRESS

Account Number : I20000000121 Phone : (239)649-6200 Fax Number : (239)261-3659

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_MYashko@ralaw.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OP-FORCE, LLC

Certificate of Status	0
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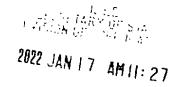
Electronic Filing Menu Corporate Filing Menu

Help

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OP-FORCE, LLC			
(Name of the Limited Lin (A Flo	ability Company as it now app onda Limited Liability Company	ears on our records.)	·
The Articles of Organization for this Limited Liability	by Company was 61. 1		
The Articles of Organization for this Limited Liability Company were filed on 03/26/2021  Florida document number 1.21000142174			and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l	limited liability company	here:	
RUBOX-USA, LLC			
The new name must be distinguishable and contain the words "I	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 AD	DRESS)		<del></del>
	<del></del>		
2			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	*-		
3. If amending the registered agent and/on accident	. 1 69		
<ol> <li>If amending the registered agent and/or register gent and/or the new registered office address here</li> </ol>	red office address on our : ::	records, enter the	name of the new registere
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			•
	Enter Flo	rida street address	
	·	Florida	
en Dagietaval Amaret C	Сиу		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 Changing Registered Agent. Signature of New Registered Agent

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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>	Name	Address	Type of Action
			□Add
			□Remove
			IChange
			DRemove
			□ Change
			□Add
			⊡Remove
			CJAdd
			⊡Remove
			□Change
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			□Change

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(If an e	Iccuve date is listed, the date must be enquitie and control by minute by	Sugart to ADS A	207.
doeu	. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	not be listed	as t
	some sometime date on the Department of State's records.		
h			
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t ited.	h day after t	he
Dated	Jenne - M. Tours		
שמוכנו	- Jacobs Committee of the same		

Typed or printed name of signee