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(Requestor's Name)	•
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT	Realtor Ruc	ids, LLC		s		
	·	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	unitted for filing.			
Please retu	ırn all correspo	indence concerning this matter	to the following:			
		Michael S Rudd				
		 -	Name of Person			
		<u> </u>	Firm-Company			
		16002 NE Shuler Street				
		Address				
		Hosford, FL 32334				
			City/State and Zip Code			
		realtorrudds@gmail.com				
For further	information e	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	ottication;		
Michael S	Rudd		850 510-3945 at ()			
	Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed i	s a check for th	ne following amount:				
□ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	lailing Addres		Street Address: Registration S	Section		
	Division of C		Division of C			
	O. Box 632		The Centre of			
Т	'allahassee, I	tl. 34314	2415 N. Moni	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Realtor Rudd's, LLC

2022 FEB - 1 AH 7: 00

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on ou Liability Company) Early	r records) (TE	
The Articles of Organization for this Limited Liability Company	were filed on 04/12/200	21	_ and assigned
Florida document number L21000167804			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The Rudd Group, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	16002 NE SHULER S	TREET	
(Principal office address MUST BE A STREET ADDRESS)	Hosford, FL 32334		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	s, enter the name o	of the new register
New Registered Office Address:	Enter Florida stre	et address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	itics, and I am far er 605, F.S. Or, if	niliar with and this document is
If Chai	nging Registered Agent, Sig	nature of New Regis	tered 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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ective date, if other than the a effective date is listed, the date mu- te: If the date inserted in this blorument's effective date on the D	st be specific and cannot be pri lock does not meet the appl	licable statutory filing	(option ore than 90 days after fil g requirements, this d	ing.) Pursuant to 605.020
cord specifies a delayed effectiv s filed.	e date, but not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
ed January 27	2022	···································		
Muhler	Signature of a member or au		-3	