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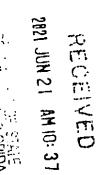
(Re	equestor's Name)			
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PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
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JUN : 2011

COVER LETTER

TO:

TO: Registration Se Division of Con			
SUBJECT: Rutter	Con Struction S	ervices LLC	
<u> </u>	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	James M.	Name of Person	
		Firm/Company	
	2818 Cobbiton	Address	
	Jay Fl	33565 City/State and Zip Code	
		City/State and Zip Code 4733	(firstion)
For further information of	concerning this matter, please c		incation
James Butler Name o	of Person	at (<u>850</u>) <u>325</u> Area Code Daytin	- 3636 ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 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	Street Address: Registration Se Division of Co	
Division of Corporations P.O. Box 6327		The Centre of T	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Butler Constru	Liability Company as it now appears	on our records.)	
(A)	Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi Florida document number <u>L2100019110</u>		1/26/21	and assigned
This amendment is submitted to amend the following	ոք:		
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the des	ignation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(IDDRESS)		
			
Enter new mailing address, if applicable:		<u>-</u>	, <u>.</u> ;
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		cords, enter the name of	ယ <u>the new</u> registered
Name of New Registered Agent:			
New Registered Office Address:	Page 19 (1)	to stand a library	
	Enter Florida street address		
-	City	, Florida 	ip 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

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
4 <u>ma 8</u>	James Butler	2818 Cobbtown Rd	⊠Add
		2818 Cobbtown Rd Jay, FL 32565	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Signature of a member or authorized representative of a member

Tames M. Jaker

Typed or printed name of signee

Filing Fee: \$25.00