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T. MATTHEWS FEB 16 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	RU	PHINE G LLC	٠
30BJEC1,	Name of Lin	nited Liability Company	
The enclosed Articles of	「Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LOVETTE DOBSON	_	
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220 Address	
	HOUSTON, TX 77064	Add C55	
•	EFILE1234@INCFILE.CO	City/State and Zip Code	
•	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please co	all;	
LOVETTE DOBSON		1 888-462-3	
Name e	rf Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUPHINE G LLC (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 12/17/2021 and assigned Florida document number L21000531596 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: New Registered Office Address:

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.

City

Enter Florida street address

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
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			□Remove
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lote: If the date inserted in this	block does not r	meet the applica	o date of filing or mobile statutory filing	ore than 90 days after g requirements, this	tiling.) Pursuant to 605.020 at date will not be listed as
ocument's effective date on the	Department of S	State's records.			
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