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| (Requestor's Name)                      |
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TALL THASSEE, PLORIDA

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## **COVER LETTER**

| TO: Registration Section<br>Division of Corporation | 18   |
|---|--|
| RUSH S  | TORE LLC   |
| SUBJECT: KOZII                                      | Name of Limited Liability Company  |
|   |  |
| The enclosed Articles of Amendm                     | nent and fee(s) are submitted for filing.  |
| Please return all correspondence c                  | concerning this matter to the following:   |
|   | PATRICIA MAKTINS CASTANHO Name of Person   |
|   | RUSH STORE LLC. Firm/Company   |
| <u>4</u> 1  | 166 NW 6TH STREET Address  |
|   | SEERFIELS BEACH FLORISA 33442 City/State and Zip Code  |
|   | PATI, M CASTANHO GNAIL . COM  E-mail address: (to be used for future annual report notification)   |
| For further information concerning                  |  |
| DATRICIA MARTINS                                    | CASTANHO at (754) 246 5123.  Area Code Daytime Telephone Number  |
| Name of Person                                      | Area Code Daytime Telephone Number   |
| Enclosed is a check for the follow                  | ring amount:   |
|   | 0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
| Mailing Address:<br>Registration Section            | Street Address: Registration Section   |
| Division of Corporat                                | tions Division of Corporations   |
| P.O. Box 6327<br>Tallahassee, FL 3231               | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RUSH STORE 1   | LLC:  |                              | 2022                  |
|--|---|------------------------------|-----------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | y Company as it now appears<br>Limited Liability Company) | on our records.)             |                       |
| The Articles of Organization for this Limited Liability Comparida document number \( \bigcup_{\infty} \bigcu | ····,·····, ········ ···· <u> </u>                        | 06   22   2022               | and assigned PH 2:    |
| This amendment is submitted to amend the following:  |   |                              | 貫 二                   |
| A. If amending name, enter the new name of the limi  | ted liability company her                                 | <u>e</u> :                   |                       |
| The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR   | <u> </u>  | signation "LLC" or the abbre | eviation "L.L.C."     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |   |                              |                       |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:   | d office address on our red                               | cords, enter the name        | of the new registered |
| Name of New Registered Agent:  |   |                              |                       |
| New Registered Office Address:   | Enter Floria  | la street address            |                       |
|  |   | , Florida                    |                       |
|  | City  |                              | 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 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 |
|--------------|---------------------|------------------------------|----------------|
| AMBR         | PATRICIA M CASTANHO | 4166 NW 6TH STREET DEERFIELD | BEACH Add      |
|              |                     |                              | Remove         |
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| Defending date of athors than the date of filling.  | l)                   |                          |
| 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 filir   |                      |                          |
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