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(Requestor's Name)	•
(Address)	
(Address)	
(City/State/Zip/Phone #)	•
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: RUSTIC Empir	Name of Limited Liability Company
The enclosed Articles of Amendment and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Tyler	Jacobs Name of Person
Bustic	Empire Company Firm/Company
2807	Springle! Cit Address
	City/State and Zip Code
Rustice	all address: (to be used for future annual report notification)
For further information concerning this mat	er, please cali:
Tyler Jacobs	at (817) 323-34 74
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amour	t:
S \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> Rustia</u>	tmp, re company
(Name of	he Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
! The Articles of Organization for this Lit	mited Liability Company were filed on $\frac{6/23/2022}{}$ and assigned
Florida document number <u>L 22000</u>	
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 cont	ain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, it	applicable:
(Principal office address MUST BE A	STREET ADDRESS)
Enter new mailing address, if applica	
(Mailing address MAY BE A POST OF	TFICE BOX)
	nd/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office	saddress here:
Name of New Registered Age	mt·
New Registered Office Addres	Enter Florida street address 👼 😂
	Enter Florida street address Florida Florida
	City — Zip Code ——
New Registered Agent's Signature, if cho	
provisions of all statutes relative to th accept the obligations of my position	resistered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I amfamilian with and as registered agent as provided for in Chapter 605, F.S. Or if this document is in the registered office address. I hereby confirm that the limited liability
	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

Title	<u>Name</u>		Address	Type of Action
MGB	Tyler Ja	cobs	2807 sparingdell Cir. Valrico	_ BAdd
				□Remove
				□Change
				□Add
				□Remove
				Change
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				□Remove
			Change	
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				□Remove
				□Change

If ame	nding any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effo Note:	If the date inserted in this b	e date of filing:(optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 clock does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
e record rd is fil		ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	Oct 14	. 2022
		Signature of a member or authorized representative of a member
	Tylex	Signature of a member or authorized representative of a member Typed or printed name of signee