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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Rush Holdi	ngs LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Braxton Skylar Rush		
	Rush Holdings LLC	Name of Person	
		Firm/Company	
	533 Telfair Square Ct.		
		Address	
	Sanford, Fl 32771		
	skylar@reliantroofers.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	lification)
For further information of	concerning this matter, please c	all:	
Braxton Skylar Rush		407 757-7500	
Name o	of Person	at () Area Code Daytir	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration So	ection
Division of C		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears orida Limited Liability Company)	on our records.)
y Company were filed on	$\frac{2h + 8th + 2023}{2} = 2 / 2 3 / 103$ and assigned
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limited liability company her	<u>e</u> :
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Limited Liability Company. the des	ignation "LLC or the appreciation "LLC.
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ered office address on our rec <u>c</u> :	ords, <u>enter the name of the new registere</u>
Enter Floride	ı street address
	, Florida
City	Zip Code
	y Company were filed on Marc Limited liability company here Limited Liability Company." the des DDRESS) ered office address on our rece: Enter Florida

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
MGR	Braxton Skylar Rush	533 Telfair Square Ct. Sanford, FL 32771	-
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AMBR Brax	Braxton Skylar Rush	533 Telfair Square Ct. Sanford, Fl. 32771	□ A .d.d
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fective	date, if other than the date of filing: (optional)
n effecti	we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	's effective date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
	3/14/2023
ited	9 1 0 0 1
	7 (/ 1 // //
	Signature of a member or authorized representative of a member