Z00063

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SECRETARY OF STATE
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COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT:		and Three	LC			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	Shar	on Stape Name of Person				
Rubin Companies LLC						
	1662	Stockton S	treet Sui	te/01		
	Jacks	City/State and Zip Code	32204			
	E-mail address: (mark@ null to be used for future annual	report notification)			
For further information cor	neerning this matter, please c	all:				
Sharm Name of F	Stapp	at (<u>904</u>)	866-43 Daytime Telepho	76 one Number		
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Ac	ldress:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Limited Liability C	tree LC Company as it now appears on our records.) Inited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 7.00063	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Rubin Concerns The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Liability Company," the designation "L.L.C." or the abbreviation "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 of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Ziv 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			☐ Change
			□ Add
			□Remove
		<u> </u>	☐ Change
			□Add
			Remove
			□Change
		- <u>-</u>	□Add
			□Remove
			□ Change
			□Remove
			□Change
			□ Remove

D . If amending any other information, enter change $\{e_i,e_j\}$

to 1 theoriese date, it other than the date of filing: 7/2/1/2022 coptionals

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I Mark Rubin