LU3000029558

(Re	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
. (Bu	siness Entity Name)
. (Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



200182556282

07/08/10--01028--014 **541.25



B. KOHR
JUL - 8 2010
EXAMINER



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SDRUSSELL LLC				
CDDDL LICA OVALIO				Am of La . Pile
SDRPLUS2@YAHO	O.COM			Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
•				Fictitious Name File
•				Trade/Service Mark
				Merger File
				RA Resignation
				Dissolution / Withdrawal
			ļ ——	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
			-	Driving Record
Requested by: SETH	07/08/10	11:00		UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
M7. M. T.	33.00 PV -1- 1.1			UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO MIL OR PARTIES.

SNR LLC			
(Name of the Limited Liability Comp (A Florida Limited	lany as it now any Liability Company	ears on our records.)	—— <i>'</i>
The Articles of Organization for this Limited Liability Compan	ny were filed on _	8/7/2003	and assigned
Florida document number <u>LO3000029558</u> .		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company l	iere:	
SDRUSSELL LLC			
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Con	npany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered of the new registered office address he		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Citle</u>	Name	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
		:	Add
			Remove
			Add ·
			Remove
			Add
			Remove
			bbA
			Remove
			Add Romove
. If ameu	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
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ated	7-6-10	·	
	50	er or authorized representative of a member	
	Signature of a memor	SELL d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00