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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Russ Ro Name of Lim	Services /	LLC
	f Amendment and fee(s) are sultoned concerning this matter	r to the following:	ZOIO OCT 18 AP SEGRÉTARY OF TALLAHASSEE, F
	Russ 1	A. Russ Jr Name of Person! Russ Services, Firm/Company	COF STATE LC LC LC LC LC LC LC LC LC L
	Lake H	Address Address Len, FL 3274 City/State and Zip Code	, y
	concerning this matter, please of	Euss Russ Servi to be used for future annual report notifical call: at (407) 402 - 5 Area Code & Daytime T	
Enclosed is a check for t		Area Code & Daytime I	retepnone Puntoer
∑\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDRESS.	STREET/COURIED ADDRESS.	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rus Russ Serv	Company as it now appears on o	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C	ompany were filed on	31/09 and assigned
Florida document number <u>L090000</u> 735	<u>Z</u> [•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	201 SE
		0 0 1 1 A 1
Enter new mailing address, if applicable:		T 18
(Mailing address MAY BE A POST OFFICE BOX)		FS
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our re ress here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 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 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 MGRM = Managing Member **Type of Action** Title Name **Address** MGR James Rosenblum Remove ☐ Add Remove ☐ Add Remove Remove \Box Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Oct Signature of a member or authorized representative of a member Registered Agent
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00