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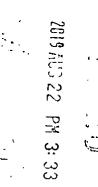
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## **COVER LETTER**

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: <u>RUS<i>S</i> E</u>	LL DRIVE A	PARTMENTS	#6 AND #8, LLC.
	Name of Limite	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	DARLE	NEM. RUSSELL	
		Name of Person	
-	RUSSELL	DRIVE APAR Firm/Company	TMENTS #GAND #8, LL(
	21623	BERWHICH Address	RUN
-	ESTER	Eity/State and Zip Code	728
_		7 e 9 mail. C be used for future annual report no	
For further information conce	erning this matter, please call	l:	
DARLENE Name of Per	M. RUSSELL	at (518) 5 Area Code Dayt	73 - 8 777 ime Telephone Number
Enclosed is a check for the fo	llowing amount:		_
□ \$25.00 Filing Fee □	3 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING Registration	ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liabi		FEBRUARY 19,2	<b>610</b> and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company l	here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		<del> </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or		on our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office			
Name of New Registered Agent:	DARLENE	m. RUSSELL	<del> </del>
New Registered Office Address:	21623 BERWH		
		orida street address	
-		, Florida	33928 Zip Code
	City		гір Соав

## 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.

Larlese M. Kussell
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRANKCRUSSELL	21623 BERWHICH RUN	
		ESTERD, FL 33928	Remove
			Change
AMBR	DARLENEMRUSSELL	21623 BERWHICH RUN	B Add
		ESTERO, FL 33928	Remove
			Change
<del> </del>		<del> </del>	Add
			C Remove
			Change
			□ Add
	:		□ Remove
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Effective date.	if other than the date o	of filing: Ju	ILY 18, 2019	(optional) an 90 days after filing.) Pursua	nt to 605 0207 (2
i an chicense dan	e inserted in this block doc ctive date on the Department	es not meet the applica	able statutory filing requ	uirements, this date will no	t be listed as th
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Note: If the da document's effo ne record spo The 90th d		filed.		at 12:01 a.m. on the	e earlier of:
Note: If the da document's effo ne record spo The 90th d	by after the record is $8/19$	filed. . <u>೩೦/9</u>			e earlier of:

Page 3 of 3

Filing Fee: \$25.00