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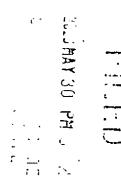
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Registration Section*

TO:

Division of Co	rporations		,		
	F & RUSH, ATTORNEYS AT I	LAW, P.L.			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	BRIAN P. RUSH				
		Name of Person			
	RUSH, LLC				
		Firm/Company			
	11403 CARROLLWOOD				
		Address			
	TAMPA, FL 33618				
		City/State and Zip Code			
	BRIANPRUSH.TAMPA@				
		to be used for future annual report not	ification)		
For further information	concerning this matter, please c	all:			
BRIAN P. RUSH		813 943-6573 at ()			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$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)		
<u>Mailing Addr</u> Registration Division of		Street Address: Registration So Division of Co			
P.O. Box 63	327	The Centre of	Tallahassee		
Tallahassee	, FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOODLIEF & RUSH, ATTORNEYS AT LAW, P.L. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/27/2011}{}$ Florida document number L11000086496 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RUSH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation. "L.L.C." 11403 CARROLLWOOD DRIVE Enter new principal offices address, if applicable: TAMPA, FL 33618 (Principal office address MUST BE A STREET ADDRESS) 11403 CARROLLWOOD DRIVE Enter new mailing address, if applicable: TAMPA, FL 33618 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: BRIAN P. RUSH Name of New Registered Agent: 11403 CARROLLWOOD DRIVE New Registered Office Address:

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.

City

TAMPA

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

__, Florida 33618 Zip Code 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
MGRM	MITCHEL E. WOODLIEF, ESQ.	225 E. CHURCH STREET	□Add
		JACKSONVILLE, FL 32202	\exists Remove
			□Change
MGR	BRIAN P. RUSH, ESQUIRE	11403 CARROLLWOOD DRIVE	
		TAMPA, FL 33618	□Remove
			\ \equiv Change
			□ Add
			□Remove
			□Change
			□Add
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SERVICES AND ANY OT	HER LAWFU	L BUSINESS".				
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: If the date inserted in this	block does not	meet the applica	ible statutory fil	ing requiremen	its, this date w	ill not be listed
iment's effective date on the	Department of	State's records.				
ord specifies a delayed effect	ive date, but no	ot an effective tir	ne, at 12:01 a.n	ı. on the earlie	r of: (b) The	90th day after t
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