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COVER LETTER

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Name of Person
Firm/Company
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□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Street Address: 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

Russell I	nvestm	est Grou	p, LLC	
(Name of the Limite	<u>d Liability Compa</u> A Florida Limited l	ny as it now appears on o	dar records.)	200
The Articles of Organization for this Limited Lia Florida document number	ability Company			Sand assumed
This amendment is submitted to amend the follo	wing:			型 要
A. If amending name, enter the new name of Russell IG. The new name must be distinguishable and contain the work.				AM III: 43
The new name must be distinguishable and contain the wo	ords "Limited Liabil			
Enter new principal offices address, if applica	ible:	<u> N/A</u>		
(Principal office address MUST BE A STREE	<u>(ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	N/A		
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office : <u>s here</u> :	address on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	N/A			· ·
New Registered Office Address:	,,,,,,	Enter Florida st	reet 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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: If the date inserted in this block d	es not meet	the applicabl	le statutory 61	ing requiremen	ıtş, this date	will not !	be lister
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