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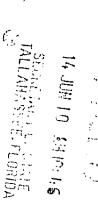
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COVER LETTER

TO:

Registration Section Division of Corporations

ORGANIC R US LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Sidelnikov Sergey	786 ₄₀₅₋₄₈₀₈	
Name of Person	Area Code Daytime Telephone Number	

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

L \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ORGANIC R US LLC				.	
(Name of the Lim	ited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited In Florida document number L13000096835	Liability Company v	were filed on 07/08/2013	an	d assig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabil	ity company here:			
N/A					
The new name must be distinguishable and end with the	e words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviat	ion "L.L	C."
Enter new principal offices address, if appli	icable:				-
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>				
B. If amending the registered agent and registered agent and/or the new registered			enter the na	ame of	the new
registered agent unwor the new yearsered			TALL.	14.	
Name of New Registered Agent:	N/A		<u> </u>	<u>:==</u>	<u> </u>
New Registered Office Address:			<u> </u>	<u> </u>	Ministration of the second
		Enter Florida street address	Cart.	373	. 357 1
		, Flori	ida		
		City	Sin Control	Code	T
New Registered Agent's Signature, if changing	Registered Agent:		Orn P	4Ú)	

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Type of Action
MGRM	Sergey Sidelnikov	1800 S Ocean Dr, Apt. 902) □ Add
		Hallandale Beach, FL 33009	Remove
			
			□ Add
			□ Remove
			□ Add
			_□ Remove
			_□ Add
		TALL AHASSS	Remove
		FLORDA	□ Add □ Remove
			_ _□ Add
			_□ Remove

Effective date, if other than the date of filing	: (optional)
he effective date must be specific, cannot be prior to date	e of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department 02 of June	e of receipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department Dated O2 of June,	e of receipt or filed date and cannot be more than 90 days after of State)

Page 3 of 3

Filing Fee: \$25.00

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