Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081 Phone : (509) 768-2249 : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RUSS&GAYLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUSS&GAYLE LLC (Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) sility Company)
The Articles of Organization for this Limited Liability Company w Florida document number L13000103711	ere filed on 07/22/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
RUSS AND GAYLE LLC	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	PR 25
Enter new mailing address, if applicable:	्राप्त क्षा अस्त अस्त । स्त्री द्वा अस्त अस्त ।
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			Remove
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amending any other information	on, enter change(s) here: (Attach additional	sheets, if necessary.)
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April 23	2014	•
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Cione	ture of a member or authorized representative of	a mamban
Dan Keen		a member
	Typed or printed name of signee	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA