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SECRETARY OF STATE

Tauren JAN 15 2018

COVER LETTER

TO:

Registration Section Division of Corporations

RHR VENTURES 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:

Randall H Russell

Name of Person

RHR VENTURES LLC

Firm/Company

254 32nd Ave N

Address

St Petersburg FL 33704

City/State and Zip Code

randy.russell57@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall H Russell

 $_{at}(208)230-1957$

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 Fec &
Certified Copy
(additional copy is enclosed)

□\$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

RHR VENTURES LLC

(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 Compan	y were filed on August 29, 20	ond assigned
Florida document number L13000122744		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
RANDALL RUSSELL LLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDRESS)		THE PARTY OF THE P
		新夏
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Enter new mailing address, if applicable:		mo 3 m
(Mailing address MAY BE A POST OFFICE BOX)		15 15 17 17 17 17 17 17 17 17 17 17 17 17 17
		RID NO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effe	Stive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(1) farming 2, 2014.
n effe	Signature of a member or authorized representative of a member
n effe	Stive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(1) farming 2, 2014.

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE