

213 000 125064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

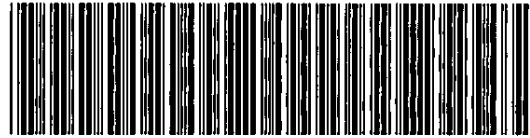
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700252739817

10/21/13--01003--003 \*\*25.00

FILED  
13 OCT 21 PM 12:34  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RUSWAY, 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 Company were filed on 09/04/2013 and assigned  
Florida document number L13000125064.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(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:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, Florida  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

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.*

**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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WADE, MALCOLM</u>	<u>209 RIDGEWOOD AVE.</u>	<input type="checkbox"/> Add
		<u>CLEWISTON, FL 33440</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>WADE, JENNIFER M</u>	<u>209 RIDGEWOOD AVE</u>	<input type="checkbox"/> Add
		<u>CLEWISTON, FL 33440</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>LANG, MORGAN C</u>	<u>209 RIDGEWOOD AVE</u>	<input checked="" type="checkbox"/> Add
		<u>CLEWISTON, FL 33440</u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove

13 OCT 21 12:34  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

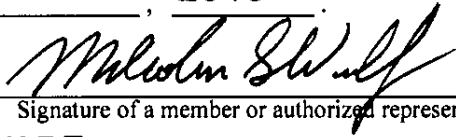
---

---

---

---

Dated OCTOBER 8, 2013



Signature of a member or authorized representative of a member

MALCOM WADE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
13 OCT 21 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA