

h22 000057429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

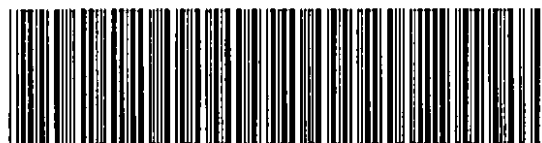
(Business Entity Name)

(Document Number)

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08/16/22--01008--003 ♦25.00

22 AUG 16 AM 8:56  
DIVISION OF CORPORATIONS

Stuart Estrada

(786) 609-3279

12035 Northeast 2<sup>nd</sup> Avenue

Apt A306

North Miami, Florida 33161

22 AUG 16 AM 8:56  
DIVISION OF SOCIAL SERVICES  
STATE OF FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STUART RUSSELL, LLC

\_\_\_\_\_  
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:

STUART ESTRADA

\_\_\_\_\_  
Name of Person

STUART ESTRADA LLC

\_\_\_\_\_  
Firm/Company

12035 NE 2ND AVE APT A306

\_\_\_\_\_  
Address

NORTH MIAMI, FL 33161

\_\_\_\_\_  
City/State and Zip Code

STUART@RCIS.COM

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

22 AUG 16 AM 8:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

For further information concerning this matter, please call:

STUART ESTRADA

786

609-3275

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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)

☐ \$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 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**

STUART RUSSELL, 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 2/02/2022 and assigned  
Florida document number 1.22000057429.

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 contain 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:

STUART ESTRADA

New Registered Office Address:

12035 NE 2ND AVE APT A306

*Enter Florida street address*

NORTH MIAMI

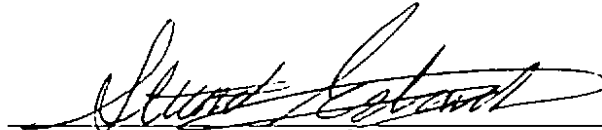
*City*

Florida 33161

*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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	STUART ESTRADA	12035 NE 2ND AVE APT A306	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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22 AUG 16 AM 8:56  
DIVISION OF CONSUMER PROTECTION  
STATE OF FLORIDA

22 AUG 16 AM 8:56

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 12, 2022

Signature of a member or authorized representative of a member

STUART ESTRADA

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Typed or printed name of signee