LZZ000463730

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

RUSS2ME SUBJECT:	L. LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kramer A. Litvak		
		Name of Person	
	Litvak Beasley Wilson and	l Ball, LLP	
	-	Firm/Company	
	40 S. Palafox Place, Suite	300	
		Address	
	Pensacola, Florida 32502		
		City/State and Zip Code	
	kramer@lawpensacola.com		
	E-mail address: (to be used for future annual report no	titication)
For further information of	oncerning this matter, please co	a11:	
Kramer A. Litvak		850 432-9818	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration ! Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUSS2MEL, LLC

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L22000463730</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Russ2, L1.C		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records	s, enter the name of the new registered
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confected accept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my di gent as provided for in Chapte	aties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, Sig	nature 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>	Address	Type of Action
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
		<u></u>	□Change
			□Add
			□Remove
		Change	
		<u></u>	□Add
			□Remove
			Change

	
	
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	,- <u>.</u>
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
the record secord is	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 13. 2023.
	January 13 . 2023. Ohla Grahe Signature of a member or authorized representative of a member
	Adla Gruber Typed or printed name of signee

.

Filing Fee: \$25.00