123000449190

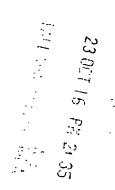
(Re	equestor's Name)
	ldress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Dc	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		J. HORNE
		OCT 2 4 2023

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COVER LETTER

TO:		istration Sec ision of Corp			
CHDIRA	CT.	RUSSEL B	4 SOE LLC		
SUBJE	Name of Limited Liability Company				
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
			idence concerning this matter		
			RUSSELL BATHULIA		
				Name of Person	
				Firm/Company	
			10601 NW 43RD STREE	Γ	
				Address	
			SUNRISE, FL. 33351		
				City/State and Zip Code	
			E-mail address: (to be used for future annual report notification)	
For furth	her in	iformation co	ncerning this matter, please c	all:	
RUSSE	LLE	BATHULIA		954 214-7972 at ()	
		Name of	Person	Area Code Daytime Telepho	ne Number
Enclosed	d is a	check for the	e following amount:		
□ \$ 25	.00 F	iling Fee	Contificate 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)
		ling Address gistration So		Street Address: Registration Section	
	Div	ision of Co	orporations	Division of Corporation	
). Box 6327 lahassee, F		The Centre of Tallahas: 2415 N. Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUSSEL B 4 SOE LLC

(Name of the Limited Liability Company as it now appears on our records.)

•	V ciologi (himeo i	manny Company	
The Articles of Organization for this Limited Lie Florida document number <u>L23000449190</u>		were filed on 09/28/2023	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:	
RUSSELL BATULIA CAMPAIGN LLC			
The new name must be distinguishable and contain the wo	nds "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREE	TADDRESS)	Ν/Λ	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or reagent and/or the new registered office address	r.,	address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		, Flori	da
		City	zip Cone
New Registered Agent's Signature, if changing F	legistered 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 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>	Name .	Address	Type of Action
N/A N/A	N/A	N/A	□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			
			□Remove
			□Add
			□Remove
			☐Change
			□Add
			Clare

	N/A
race.	10/6/2023
(If an e	ctive date, if other than the date of filing:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
uocu	ment's effective date on the Department of State's records.
ne rec	ord 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 filed.
Date	October 6 2023
	Command of the state of the sta
	Signature of a member or authorized representative of a member

Typed or printed name of signee