Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBB

Account Number : 076077003231

: (561)650-0471

Phone Fax Number

: (561)650-0431

\*\*Enter the email address for this business entity to be used for Fature annual report mailings. Enter only one email address please. \*\*

levine a) Redtop investors. com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REDTOP FINANCE, LLC

Certificate of Status	0
Certified Copy	1
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OCT - 5 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

JONES FOSTER 561 650 0435

OCT. 4. 2011 11:18AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Redtop Fin	ance, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records Liability Company)		
	-		
This amendment is submitted to amend the following:			
Chris amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:    Indian Head Finance, LLC			
Indian Head F	inance, LLC		
	ited Liability Company," the designati	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	91 Indian Head Road	TASE ZON	
(Principal office address MUST BE A STREET ADDRESS)	Riverside, CT 06878	AM 8 7	
		AR -	
Enter new mailing address, if applicable:	91 Indian Head Road	The same	
(Mailing address MAY BE A POST OFFICE BOX)	Riverside, CT 06878	- A.J. A.	
		A 3 3 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
registered agent and/or the new registered office address her		ter the name of the new	
New Registered Office Address:	Enter Florida street address		
	, Florid		
	City	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 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

MGR = Manager

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:

241.	NY		
<u>itle</u>	Name	Address	Type of Action
			Remove
			<del>_</del>
			<del></del>
			Add Remove
			REMOVE
	·		Add
	<del></del>		Rem
			co Remore
			Pikad &
If ameu	ding any other information, enter chaug	ge(s) here: (Attach additional sheets, if neces	sary.)
_			
	,		
			<del></del>
ed	October 4 , 20	<u>)11                                   </u>	
ed	October 4 , 20	011	
ed	XISCE	of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00