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S. YOUNG

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	he closet	UC	
		ited Liability Company	<del>,</del> _
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anne	the BOGO	
		Name of Person	
	<u></u>	Firm/Company	
	111100	2000	
	11987		<u> </u>
		Addition	
	Homes	City/State and Zip Code	032
	E-mail address: (1	2 @ QWALL CONTROL CONT	ation)
For further information c	oncerning this matter, please ca	all:	
Annette	Rous f Person	at (2005	- 2324 Telephone Number
7.440			
Enclosed is a check for th	ne 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 Address:

TO:

Registration Section

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

		1021
The closer 1	10	<u>C</u> " " " " " " " " " " " " " " " " " " "
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
	0.120120	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 2000 3051 77		··· T.
This amendment is submitted to amend the following:		ω
A. If amending name, enter the new name of the limited liabi	ility company here:	
Red WOLF Socrate	U.I.I.C.	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
r restriction of the desire the restriction of the second		
Enter new mailing address, if applicable:	11487 SW 29	3°9 <del>≤ 1</del>
(Mailing address MAY BE A POST OFFICE BOX)	Homestead F	1 33032
Mauing address MAT BE A FOST OFFICE BOAT	PIOVE SECTION	
		<del></del>
B. If amending the registered agent and/or registered office a	iddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:	,	
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
To the Marie of the Angelone.	Enter Florida street address	
	, Florida	a
	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 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>	<u>Name</u>	Address	Type of Action
mgr	Fernando Appar	11407 SW 2388	Add
<b>J</b>		11407 SW 2388 Homostrad F1 330;	3L Remove
			□Change
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<u>د</u>	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<del></del>
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an effective of	date, if other than the date of filing:	to 605.0207 be listed as
record spectis filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
ated	Signature of a member or authorized representative of a member	
	Donathe Roya	