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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE : 583161 4313323				
AUTHORIZATION: Spelle le man				
COST LIMIT : \$ 25.00				
ORDER DATE : December 22, 2020				
ORDER TIME : 11:56 AM				
ORDER NO. : 583161-005				
CUSTOMER NO: 4313323				
DOMESTIC AMENDMENT FILING NAME: REDGOLD TRUST, LLC				
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Amanda Robinson EXT# 62968				

EXAMINER'S INITIALS:

COVER LETTER

cup icee.	REDC	OLD TRUS	T, LLC	
SUBJECT:	Name of L	imited Liabil	ity Company	
The enclosed Article	s of Organization and fee(s):	ire submitted	for filing.	
Please return all corre	espondence concerning this n	natter to the	following:	
		Charles M.	LeSchack	
		Name of	Person	
	CUMM	INGS & LO	CKWOOD LLC	
		Firm/Co	mpany	
	Six L	andmark Sq	uare, 9th Floor	
		Addr	ess	
		Stamford, C	T 06901	
		City/State an leschack@cl	•	
	E-mail address: (to be use			ion)
For further information	concerning this matter, pleas		·	
Charle	s M. LeSchack	203	351-4418	
		Area Code	Daytime Telephon	
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address Naw Filing Section Division	
Div	New Filing Section Division of Corporations		New Filing Section Division The Centre of Tallahassee	
	P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document, REDGOLD TRUST, LLC FIRST: The name of the limited liability company is: L20000391157 SECOND: The Florida Document number of the limited liability company is: Document to be corrected is:_____Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name and address of each person authorized to manage and control the Limited Liability Company: DAVID R. LEVI, CPA C/O CBIZ & MAYER HOFFMAN MCCANN P.C. MGR 222 S. NINTH STREET, SUITE 1000 MINNEAPOLIS, MN 55402 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: \underline{OR} Ĭ.

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to uct 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.

,	Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)