588674

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Red Mule, Inc. DOCUMENT NUMBER: 588674 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin Thieryung Name of Contact Person Firm/ Company PO Box 1603 Address Brooksville, FL 34605 City/ State and Zip Code For further information concerning this matter, please call: Lisa Thieryung Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Red Mule, Inc.				
(Name of C	Corporation as curren	tly filed with the Florida Dept, of State)		
588674				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this	s Florida Profit Corporation adopts the following an	endmen	t(s) to
A. If amending name, enter the new name	e of the corporation:			
N/A		The	, new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp," "Inc," or	on," "company," or "incorporated" or the abbre "Co". A professional corporation name must cont	viation	
B. Enter new principal office address if s	annlicable:	Kevin Thieryung		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1208 South Broad St		
		Brooksville, FL 34601		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 1603		7 (\$
		Brooksville, Fl. 34605	;	-
			ɔ	1.4
D. If amending the registered agent and/o new registered agent and/or the new r			= ق	(6) 1 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Name of New Registered Agent	Kevin Thiervung		Q.;	12042 201042
	208 S. Broad St.			-
-	(Florida s	treet address)		
New Registered Office Address:	rooksville	. Florida 34601		
The state of the s		(City) (Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registered		it: with and accept the obligations of the position.		
_/leu	in Thus	Registered Agent, if changing		
	Signature of New	Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>P'T</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PCEO	Dave Dannemiller	1518 Don Jr Ave
Add			Brooksville, FL 34601
X Remove			
2) Change	VCFO	Kathy Dannemiller	1518 Don Jr.
Add			Brooksville, FL 34601
X Remove			
3) Change	PCEO	Kevin M. Thieryung	PO Box 1603
<u></u> ⊁_ Add			Brooksville, FL 34605
Remove			
4) Change	v	Casey J. Thieryung	PO Box 1603
_ ⅓ Add			Brooksville, FL 34605
Remove			
5) Change	CFO	Lisa M. Thieryung	PO Box 1603
X Add			Brooksville, FL 34605
Remove			
6) Change		_	
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	cles, enter change(s) here; (Be specific)		
NA			
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	<u> </u>		
. If an amendment provides for an exch	ange, reclassification, or cance	ellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the	amendment itself:	
A C O			
<u> </u>		 	
<u> </u>			
		·	
			<u></u>

The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
n	December 9, 2018	
Effective date <u>if applicable</u> :		 _
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
bv		
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Decemb	er 9, 2018	
Dated		
Signature	llerin Throngs	
	a director, president or other officer – if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other cou	
арро	ointed fiduciary by that fiduciary)	
	Dave Dannemiller	
	(Typed or printed name of person signing)	
	POIEO X	
	(Title of person signing)	