

LO6000100230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

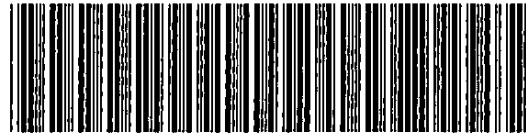
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

LO6-100230  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RED'S WINDOWS & DOORS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN CARROLL

(Name of Person)

RED'S WALLCOVERING, LLC

(Firm/Company)

2532 SKIF DRIVE

(Address)

ORLANDO, FL 32812

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOHN CARROLL

(Name of Person)

at ( 407 ) 694-5486

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RED'S WINDOWS & DOORS, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on OCT 13, 2006 and assigned document number L06000100230.

**SECOND:** This amendment is submitted to amend the following:

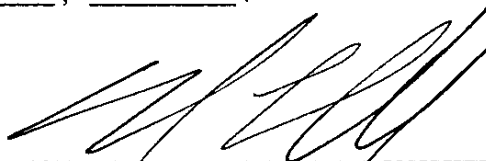
It is hereby adopted that the name of the limited liability company shall be RED'S WALLCOVERING, LLC

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TALLAHASSEE, FLORIDA

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Dated December 21, 2006.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOHN CARROLL

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**