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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
JUL 2 0 2010
EXAMINER

COVER LETTER

TO: , Registration Section Division of Corporations
SUBJECT: Redden LC.
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:
Mark L. Redden Name of Person
Name of Person Redden LLC Figur/Company
537 Perivinkle Dr. Address
Sebastain Fl. 32958 City/State and Zip Code
Mark O redden 11c. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK L. Redden at (772) 584-0303 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{Copy (additional copy is enclosed)} \text{\$\text{Solon Filing Fee}\$, \text{Certified Copy (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

Redden L	<u></u>			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	<u>rs on our records.</u>)		
The Articles of Organization for this Limited Liability Comparing Lo 6000 114604.	any were filed on	2-29-06	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	1			
		•.	- V S	
Enter new mailing address, if applicable:			CRETA LION OF	
(Mailing address MAY BE A POST OFFICE BOX)			RYCOTO	
	<u> </u>		PH 4	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on here:	our records, enter th	ne name of the mew	
Name of New Registered Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i ,		
New Registered Office Address:	·			
	· · · · · · · · · · · · · · · · · · ·	nter Florida street addi	ess	
	City	, Florida	Zip Code	
	~~		4 =	

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 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:

MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> Jason L Redden Remove Add Remove ☐ Add Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 7-15 - 10 Signature of a member or authorized representative of a member 1. Redden

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00