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(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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B. KOHR

OCT 1 3 2010

EXAMINER

COVER LETTER

	tion Section of Corporations		
SUBJECT:	RED DOOR HO	OMES OF FLORIDA, LLC	
SUBJECT:		imited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	tter to the following:	(1) (2)
	2422	3	7,7,7
	BARBA	ARA CONDIT CANNING, ESQ.	1
		Name of Ferson	d)
		ANNING & CANNING LLC	
		Firm/Company	
	1	000 SKOKIE BLVD. #355	
		Address	
		WILMETTE, IL 60091	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	car	nningbarbara@comcast.net	
	E-mail address	s: (to be used for future annual report notification)	
For further inform	ation concerning this matter, pleas	se call:	
	Barbara Canning	at (847) 853-7041	
į	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
\$25.00 Filing I	Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & 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

RED DOOR HOMES	OF FLORID	A, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i ny as it now appea Liability Company)	rs on our records.	9, ,	
(AT TOTAL EMINES.	company)		1 Tolk	
The Articles of Organization for this Limited Liability Company	were filed on	04/17/2007	andassigned	
Florida document numberL07000041165				
			1 79.90	
This amendment is submitted to amend the following:			PH E SS	
A. If amending name, enter the new name of the limited liab	oility company he	re:	<i>5</i> 7	
RDH ADVIS	SING LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	6979 KINGSPOINTE PARKWAY STE 11		Y STE 11	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FLORIDA 32819			
ter new mailing address, if applicable: 6979 KINGSPOINTE PARKWAY STE 1		Y STE 11		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FLORIDA 32819			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u> l	ne name of the new	
to the second and the second of the second o	2.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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 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.

MGR = M MGRM =	lanager : Managing Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		<u> </u>	Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
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. If ame	nding any other information, en	nter change(s) here: (Attach additional sheets, if nece	essary.)
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ated	OCTOBER 6	_, <u>2010</u> .	
	Barbar	Clinical Conning	
		IT CANNING, AUTHORIZED REPRESENTA	

Page 2 of 2

Filing Fee: \$25.00