Division of Corporations



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(((H18000295447 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065

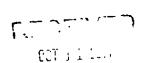
Phone : (954)525-7500 : (954)761-8475 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CGC@TRIPPSCOTT.COM





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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $(((H18000295447\ 3)))$

RED APPLE DEVELOPMENT, LLC	
(<u>Name of the Limited Linbille</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
·	ompany were filed on APRH. 23, 2007 and assigned.
A. If amending mane, enter the new name of the mini	ned natinty company tiere.
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addresses Name of New Registered Agent:	tered office address on our records, enter the name of the new ress here:
New Registered Office Address:	
The Management of the State of	Enter Florida street address
-	, Florida
Al D. Company of the	
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and conaccept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H18000295447 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> RR CHARTER TRUST	Address 800 CORPORATE DR. STE 124	Type of Action
MGRM		FORT LAUDERDALE FL 33334	Add
			Remove
			Change
AP AR	SCOTT WOODREY	800 CORPORATE DR. STE 124 FORT LAUDERDALE, FL 33334	X Add
			Remove
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			D Add
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ctive date, if other than the date of filing of the cities date is listed, the date must be specific at it if the date inserted in this block does not ment's effective date on the Department of ecord specifies a delayed effective is 90th day after the record is filed.	d cannot be prior to da meet the applicable State's records, date, but not ar	nte of filing or more that statutory filling roqu	irements, this date	:) Pursuant to 605.0 will not be listed
OCTOBER 11	2018			
	Jakelas	/		
	member or authorize	d representative of a in	ember	

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Filing Fee: \$25.00