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EXAMINER

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SEPRETARY OF STATE

COVER LETTER

TO:

TO: Registration Se Division of Cor							
CIDICT.	REDFERN T	HREE SEVEN LLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondence	indence concerning this matter	to the following:					
	JOHN DOYLE						
		Name of Person					
	DOYLE & MCGRATH REAL ESTATE,LLC						
	Firm/Company						
•	1900	5 N DALE MABRY HWY					
		Address					
		LUTZ, FL 33548					
		City/State and Zip Code					
	jol E-mail address: (1	nn@doylemcrath.com to be used for future annual report notif	ication)				
For further information c	oncerning this matter, please c		,				
J	ohn Doyle	&i (376-5369				
Name o	f Person	Area Code & Daytim	e Telephone Number				
Enclosed is a check for the	ne following amount:	•					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Registr Divisio P.O. B	ing Address: ation Section of Corporations, ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	enter Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDFERN THRE			
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0700068078	were filed on	6/28/2007	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	:	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company	y," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:	 .		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	JOHN DOYLE		
(Mailing address MAY BE A POST OFFICE BOX)	19005 N DALE MABRY HWY		
	LUTZ, FL 335	48	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	r Florida street add	
·	Ente.	r riorida sireei dadaga , Florida	10 SE
New Registered Agent's Signature, if changing Registered Agent:	City	100 mm	Sp Code =
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and composition as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance oj provided for in Cha	f my duties, and I älä apter 608, F.S. Or, 🕏	To c om ply with Jami lia r with and this document is
If Chan	nging Registered Agent	, Signature of New Regis	tered Agent

Page 1 of 2

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 A 44.

<u>Title</u>	<u>Name</u>		Address	Type of Action				
MGR	JOHN DOYLE		19005 N DALE MABRY HWY LUTZ, FL 33548	_ ☑ Add ☐ Remove				
<u>MGRM</u>	PADRAIC LALOR		19005 N DALE MABRY HWY LUTZ, FL 33548	☐ Add ☑ Remove				
MGR	SEOSAMH LALOR		19005 N DALE MABRY HWY LUTZ, FL 33548	Add Remove				
				Add Remove				
	, <u> </u>			Add Remove				
				Add Remove				
D. If am	ending any other information, enter ch	ange(s	s) here: (Attach additional sheets, if necessary.)					
	A new Article VII is added as follo	ws:		_				
	The Manager may not sell, mortg	age o	r otherwise transfer Company property					
	or any interest therein without the written consent of the Member.							
Dated								
Signature of a member or authorized representative of a member								
Typed or printed name of signee								

Page 2 of 2

Filing Fee: \$25.00