# L07000113344

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M. Company NOV 18 5008

## **COVER LETTER**

SUBJECT: Red CARPET LLC						
(Name of Limited Liability Company)						
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.				
Please return all correspon	dence concerning this matter to	the following:				
	Willie D.	DANiels				
	Red Carp	(Name of Person)				
	10633 B.	SCAYNE BLOG (Address)				
	JAX, FI	City/State and Zip Code)				
For further information concerning this matter, please call:						
Willie Dan (Name of	Person)	at ( <u>904)</u> <u>503 - 5</u> (Area Code & Daytime To	elephone Number)			
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

#### **MAILING ADDRESS:**

Registration Section
Division of Corporations

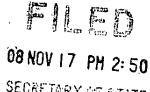
TO:

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



OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number	- · ·	and assigned				
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	ne limited liability company here:					
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation				
Enter new principal offices address, if applicab	le:					
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO	<u> </u>					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address:	·					
	(Enter Florida street address)					
	(City)	, Florida(Zip Code)				
	(5)/	(Lip Couc)				

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Iceson, Maray	JAX, FI 32218 US	Add Remove
			Add Remove
			Add Remove
<del></del>	<u></u>	,	Add Remove
			Add Remove
D. If ame	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary	Add Add
	AND WILLEDA	has been dissolved aniels, the sole the registered agen	100 K
Dated	Jov. 6 . 21	po 8.	<del></del>
	Willie I	per or authorized representative of a member  ANIELS  ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00