W7000119987

, (Re	questor's Name)	
(Add	dress)	·
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECNETARY OF STATE

T. CLINE

AUG 18 2008

EXAMINER

COVER LETTER

Division of Cor	porations				
SUBJECT: Red De	vil Fire Suppression	ı, LLC			
Sobject:		ited Liability Company)		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Cindy Sawyer	(Nama of Barran)			
		(Name of Person)			
	Stones & Cardenas				
		(Firm/Company)			
	221 Simonton Street			4 Sm.)	
		ZE SE	Ç1.		
	Key West, FL 33040			2008 AUG 15 AH 10: 40 SECRETARY OF STATE TALLAHASSEE, FLORID	/: 1
		(City/State and Zip Code)		ARY SSE	•
				EG 是	,
For further information c	oncerning this matter, please c	all:			
Adele V. Stones		at (305) 294-0252		10 to	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)	 *	
Enclosed is a check for the	ne following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fec & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate o Certified Co (additional c	f Status &	

TO:

Registration Section

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 Devil Fire Suppression, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records ad Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on December 3, 2007	and assigned
Florida document number L07000119987		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	SE SE
		∞ ≥
Enter new mailing address, if applicable:		Mary of the
(Mailing address MAY BE A POST OFFICE BOX)	 	-7 = -
(Mulling duaress MAT BE A POST OFFICE BOX)		
·		35 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · ·
	(Enter Florida stree	et address)
	, Florid	
	(City)	(Zin 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Anton J. Rettenwander	613 Simonton Street Key West, FL 33040	
			Add Remove
			AddRemove
			
			SE Add TE Remove
D. If am	nending any other information, enter cha	nge(s) here: (Attach additional sheets	Remaye -
	ARTICLE VII - COMPOSITION OF MANA		, neecisiny,
	This limited liability company is to be man		
Dated <u>Au</u>	Signature of a mem	ber or authorized representative of a member of printed name of signee	per

Page 2 of 2

Filing Fee: \$25.00