## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000062 : (323)962-8600 : (323)962-3889 Fax Number

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### REDFISH RIVIERA LLC

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T. HAMPTON

MAY 2 0 2008

5/19/2008

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**EXAMINER** 

# **COVER LETTER**

	gistration Ser vision of Corp					
SUBJECT: Redfish Riviera LLC						
		(Name of Lim	ited Liability Company)			
The encloses	d Articles of	Amendment and fee(s) are sub	omitted for filing,			
Please return	all correspo	ndence concerning this matter	to the following:			
		Francyne Carrillo				
			(Name of Person)			
Legalzoom.com, Inc. (Firm/Company)						
7083 Hollywood Blvd., Suite 180						
,		Los Angeles, CA 90	` '			
For further i	nformation co	oncerning this matter, please c	call:			
Francyne	e Carrillo		at ( 323 ) 962-8600			
(Name of Person)		(Area Code & Duytime	l'elephone Number)			
Enclosed is	a check for th	e following amount:	3			
<b>☑</b> \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fiting fice, 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

ARTICI	CLES OF AMENDMENT TO LES OF ORGANIZATION OF  ability Company as it now appears on our records.) orida Limited Liubility Company)	FILED  08 HAY 19 AM 8: 41  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liabi	ility Company were filed on 04/11/2008	and assigned	
Torida document number <u>L08000036698</u>	<del></del> .		
This amendment is submitted to amend the following.  L. If amending name, enter the new name of the			
he new name must be distinguishable and end with th	ne words."Limited Liability Company," the designation	n "LLC" or the abbreviation	
<ol> <li>If amending the registered agent and/or egistered agent and/or the new registered office</li> </ol>	registered office address on our records, <u>ente</u> e address here:	er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
-	(City), Florida	(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.

(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 = N MGRM =	Manager = Managing Member 	it wed	
<u>Fitle</u>	Manager = Managing Member  Name Prail Woll ford	Address	Type of Action
MGRM	PANL WONLFORD	412 Brady Way Panama City Beach, FL 32408	Add Remove
MGRM	Ann Wohlford	412 Brady Way Panama City Beach, FL 32408	Add Remove
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Add Remove
			AddRemove
<del></del>			Add
D. If amo	ending any other information, enter ch	unge(s) here: (Attach additional sheets, if necessa	'ny.) 
-			O8 M
<del>.</del>			FILED  18 MAY 19 AM 8: 4  SECRETARY OF STATE ALLIAHASSEE, FLORIDA
Dated	May 13	>	D AM 8: 4 F STATE FLORIDA
		nber or authorized representative of a member eue Ba. ley ped or printed name of signee	

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Filing Fee: \$25.00