# L08000072949

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300238773813

08/27/12--01024--009 \*\*25.00

C. LEWIS AUG 2 8 2012 **EXAMINER** 

# **COVER LETTER**

то:	Registration Section Division of Corporations	•	·\$				
SUBJE		er Group, LLC					
SUBJE		ited Liability Company					
The end	losed Articles of Amendment and fee(s) are sub	omitted for filing.					
Please	eturn all correspondence concerning this matter	to the following:					
		Eric Haley					
	<del>-</del>	Name of Person					
	R	edLetter Group, LLC					
Firm/Company							
	2905 Sout	h Federal Highway, Suite C-	-8				
	Address						
	Delray Beach, FL 33483						
		City/State and Zip Code					
	F-mail address: (	ric@redletterpr.com	ion)				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:							
Eric Haley Name of Person		at ( <u>561</u> ) 9  Area Code & Daytime To	22-7334 elephone Number				
		•	•				
Enclose	d is a check for the following amount:						
\$25	00 Filing Fee \$\frac{30.00}{\text{Filing Fee & Certificate of Status}}	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 AUG 27 PM 3: 10

Redletter Group, LLC

	itediettei C	roup, LLC	SECT. 17	RE OF STATE
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appear iability Company)	SECT. 155 s on our records OHAS	SEE, TLURIUA
The Articles of Organization for this Limited L L08000072 Florida document number	iability Company <b>94</b> 9			
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab RedLetter G		<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	th the words "Limi	ted Liability Compar	ny," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:		2905 S. Federal Highway		
(Principal office address MUST BE A STREE	T ADDRESS)	Suite C-8		
		Delray Beach, FL 33483		
Enter new mailing address, if applicable:		2905 S. Fede	eral Highway	
(Mailing address MAY BE A POST OFFICE BOX)		Suite C-8		
		Delray Beach	n, FL 33483	
B. If amending the registered agent and/oregistered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address:	fice address her	<u>e</u> :		
New Registered Office Address:	2905 S. Fed	leral Highway, Ent Ent	Suite C-8 er Florida street addr	ess
	De	elray Beach	, Florida	33483 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
	<del></del>		dd Remove
			_ _n
	<del></del>		dd — emove
		· · · · · · · · · · · · · · · · · · ·	_
			ddd demove
			<del></del>
			□□dd □□=move
			<del>-</del>
			dd demove
			789 <b>7</b>
D. If amen	ling any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	FILED  12 AUG 27 PM :  3 SECRETARIAN SEEFF
			LEI P R
<del></del>			
			T JABA
			_ `
Dated	•	—· 1	
		or authorized representative of a member	Rellater
	Signature of a member of	or authorized representative of a member	- Pro Hope III -
	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00