

LD8000081423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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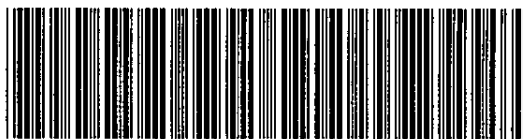
Special Instructions to Filing Officer:

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EXAMINER

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FILED
08 NOV 17 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red Note Supply, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amelia McCumbers
(Name of Person)

Red Note Supply
(Firm/Company)

3418 Hillcrest Dr.
(Address)

Panama City, FL 32405
(City/State and Zip Code)

For further information concerning this matter, please call:

Amelia McCumbers at (850) 215-5151
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

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 Nile Supply, LLC

(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 Liability Company were filed on August 26, '08 and assigned
Florida document number L08000081423

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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)

Florida

(City)

FILED
NOV 17 AM 8:38
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dr. Ehab Kenawy	3726 Baytree Road Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 12, 2008.

Amdia McCumbers
Signature of a member or authorized representative of a member

Amdia McCumbers
Typed or printed name of signee

FILED
 08 NOV 17 AM 8:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L08000081423
FILED 8:00 AM
August 26, 2008
Sec. Of State
thampton**

Article I

The name of the Limited Liability Company is:

RED NOLE SUPPLY LLC

Article II

The street address of the principal office of the Limited Liability Company is:

**3418 HILLCREST DR
PANAMA CITY, FL. 32405**

The mailing address of the Limited Liability Company is:

**3418 HILLCREST DR
PANAMA CITY, FL. 32405**

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

**AMELIA M MCCUMBERS
3418 HILLCREST DR
PANAMA CITY, FL. 32405**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: **AMELIA M MCCUMBERS**

. . . .
Article V

The name and address of managing members/managers are:

Title: MGRM
AMELIA M MCCUMBERS
3418 HILLCREST DR
PANAMA CITY, FL. 32405 US

L08000081423
FILED 8:00 AM
August 26, 2008
Sec. Of State
thampton

Article VI

The effective date for this Limited Liability Company shall be:

08/26/2008

Signature of member or an authorized representative of a member

Signature: AMELIA M MCCUMBERS