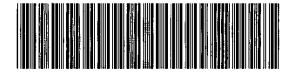
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PICK-UP WAIT MAIL				
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SECRETARY OF STATE

FILED

COVER LETTER

TOr Registration S Division of Co					
SUBJECT:	RedSette	er Services, LLC			
		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Mary F. Harless			
Name of Person					
Firm/Company					
		Address			
		Valrico, FL 33596			
		City/State and Zip Code			
	ication)				
For further information	concerning this matter, please c	·			
Jose	eph C. Harless	at (813)	546-6601		
Name	of Person	Area Code & Daytim	e 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	LING ADDRESS:	STREET/COUR			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	RedSetter Se	ervices, LLC			
(Name of the Limited	Liability Compa	ny as it now appear	s on our records.	.	
(7	Y Profice Limited L	natimy Company)			
The Articles of Organization for this Limited L	iability Company	were filed on	10/08/2008	and assign	ed
1 0000000				_	
Florida document number LU800009	<u> </u>				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>:</u> :		
	Sam	е			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compar	ny," the designation "L	LC" or the abbr	eviation
Enter new principal offices address, if applic	Same				
(Principal office address MUST BE A STREET ADDRESS)					
		 			
		_			
Enter new mailing address, if applicable:		Same			
(Mailing address MAY BE A POST OFFICE	BOX)	400.00			
B. If amending the registered agent and	or registered of	fice address on o	ur records, enter ti	he name of t	he new
registered agent and/or the new registered o			, 		
Name of New Registered Agent:	Patrick Finn	egan			
Name of New Registered Agent.			-		
New Registered Office Address:	1204 Callist			50 g	
		Ent	er Florida street addı	rese C	
		Valrico	, Florida	₹33598	7
		City	, FIORMA	Zin Code	
N D 14 14 15 1 1 16 1	D. 1.4	•			m.
New Registered Agent's Signature, if changing	Registered Agent:				
	. J J		manit. I fuuthau aau		
I hereby accept the appointment as registered the provisions of all statutes relative to the provisions of the provision					
accept the obligations of my position as reg					
being filed to merely reflect a change in the					
company has been notified in writing of this		ta. 0 =			
	70	wick J	innogen nt, Signature of New Res	riotanad Ament	_
	H Cha	nging Registereo Agei	il, <u>Signature of New Re</u> s	istereu Agent	

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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Mary F. Harless	1204 Callista Avenue Valrico, Florida 33596	Add Remove
MGRM	Joseph C. Harless	1204 Callista Avenue Valrico, Florida 33596	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	ary.)
	August 12, 2009		99
Dated	, 	n ery Harlell	E S T
	Signature of a n	nember or authorized representative of a member Mary F. Harless Typed or printed name of signee	ARY OF S

Page 2 of 2 Filing Fee: \$25.00