

LU90000 57462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

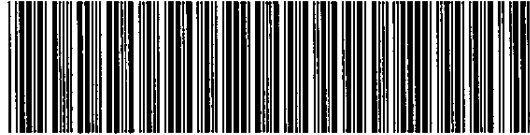
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Redfish Construction
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:

KARL E. HEBER
Name of Person

RED FISH Construction
Firm/Company

3401 PELICAN BLVD
Address

Cape Coral, FL 33914
City/State and Zip Code

Khehr239@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARL E. HEBER at (239) 225-5508
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RedFish Construction 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 06/12/2009 and assigned Florida document number L09000057462

This amendment is submitted to amend the following:

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

Bob's Painting & Renovations LLC

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)

Robert Lynch
1303 Hibiscus Drive
Cape Coral, FL 33909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1303 Hibiscus Drive
Cape Coral, FL 33909

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:

KARL E. HEHR

New Registered Office Address:

3401 PELICAN BLVD.

Enter Florida street address

CAPE CORAL

City

Florida

33914

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 605, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres.</u>	<u>Robert Lynch</u>	<u>1303 Hibiscus Dr.</u> <u>Cape Coral, FL 33909</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Sec.</u>	<u>Kimberly Lynch</u>	<u>1303 Hibiscus Dr.</u> <u>Cape Coral, FL 33909</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Karl E. Herr</u>	<u>3401 Pelican Blvd.</u> <u>Cape Coral, FL 33914</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/7, 2015

Robert Lynch
Signature of a member or authorized representative of a member

Robert Lynch
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
15 MAY 11 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA