10900018a745

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
. (8t	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED

09 OCT 20 PM 4: 08

SECRETARY OF STATE
ALLAHASSEE, FLORID

D. BRUCE

OCT 21 2009

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations	, 1		
SUBJECT:	RedFish B	lue Mountain LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corre	spondence concerning this matter	r to the following:		
		John E. Fleming		
		Name of Person		
		Firm/Company		
	1	780 Meadowdale Ave		
		Address		•
		Atlanta, GA 30306		
		City/State and Zip Code	A	T
	johnfl	eming2005@bellsouth	n.net	Fő S
	E-mail address: (to be used for future annual rep	ort notification)	
For further informatio	n concerning this matter, please	call:		20 SSE
J	ohn E. Fleming	at (_404_)	805-9396	T E PT
Nam	ne of Person	Area Code &	Daytime Telephone Numbe	FF 4:08
Enclosed'is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	ate of Status &

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2009

JOHN E. FLEMING 1780 MEADOWDALE AVE. ATLANTA, GA 30306

SUBJECT: REDFISH BLUE MOUNTAIN LLC

Ref. Number: L09000082745

We have received your document for REDFISH BLUE MOUNTAIN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

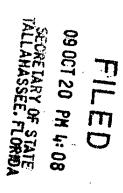
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 609A00032378





September 28, 2009

JOHN E. FLEMING 1780 MEADOWDALE AVE. ATLANTA, GA 30306

SUBJECT: REDFISH BLUE MOUNTAIN LLC

Ref. Number: L09000082745

We have received your document for REDFISH BLUE MOUNTAIN LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 709A00031558

Deborah Bruce Regulatory Specialist II

> FILED 09 OCT 20 PM 4: 08 TALLAHASSEE, FLORIEN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RedFish BI	<u>ue Mountain LLC</u>		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on	09-01-09	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here	:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u></u>	. ,	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			20 PM 4: 08
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ur records, <u>enter</u>	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street ad	dress
		. Florida	
	City		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 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

ATC KIAT = IAI	ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGMR	Carrie L. Manning	1780 Meadowdale Ave. Atlanta, GA 30306	
MGMR	Barbara Brockway	1262 Pasadena Ave. Atlanta, GA 30306	
MGMR	Matt Padula	1262 Pasadena Ave. Atlanta, GA 30306	✓ Add Remove
	- 11		Add Remove
			Add Remove
	•		AddRemove
D. If amend 	ling any other information, enter o	change(s) here: (Attach additional sheets, if nece	
			LED 20 PH 4: 08
Dated	10/18/09/ 5 to	lih	
	Signature of a m	rember or authorized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00