

109000098636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

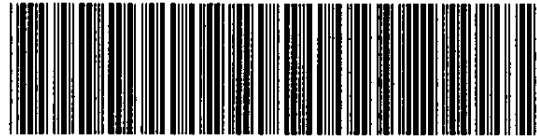
(Business Entity Name)

(Document Number)

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D. BRUCE

NOV 12 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RED PILLAR 2009, 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:

THOMAS O'SULLIVAN

Name of Person

WHISENAND & TURNER, P.A.

Firm/Company

501 Brickell Key Dr, Suite 602

Address

Miami, FL 33139

City/State and Zip Code

tjo@w-tgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas O'Sullivan

Name of Person

at ( 305 )

375-8484

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**RED PILLAR 2009, 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 10/13/2009 and assigned  
Florida document number L09000098636

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)

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**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 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 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         | Credit des Alpes Holdings S | 40 Boulevard Grande<br>Duchesse Charlotte<br>L-1330 Luxembourg                        | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Real Value SPC              | Zephyr House, 122 Mary Street<br>George Town, Grand Cayman<br>KY1-1107 Cayman Islands | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 9, 2009

Signature of a member or authorized representative of a member

Giancarlo Cammarata

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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