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DEPARTMENT OF STAT

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:Re	Name of Limit	ed Liability Company	4
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	TALLAND A
Please return all correspon	dence concerning this matter	to the following:	
	Warren	Smith Name of Person	
		Firm/Company	<del> </del>
		pokwood Drive	·
	Tallahasse	e, F L 323 88 City/State and Zip Code	
	Warren - Smi	the Comcast-net o be used for future annual report notification	on) .
For further information co	ncerning this matter, please ca	all:	
Wasten Name of	Smith Person	at ( <b>850</b> ) 528 603 (Area Code & Daytime Tel	ephone 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)	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

(Name of the Limited Liability Compa (A Florida Limited I	mp Grading, C ny as it now appears on our l liability Company)	74 SEC 29
The Articles of Organization for this Limited Liability Company Florida document number <u>L 09000 172707</u> .	were filed on <u>Decemb</u>	per 29,200and assigned P
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Red Hills The new name must be distinguishable and end with the words "Lim"L.L.C."	Enterprises Lited Liability Company," the d	LC designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Tallahassee, F	d Dr.n.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	IIII Brookning Tallahassec,	ed Drive FL 32308
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:	<u>.                                    </u>	
New Registered Office Address:		
	Enter Flori	ida street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	Zip Couc

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 Type of Action <u>Address</u> Title <u>Name</u> Virginia W. Proctor IIII Brookwood Drive X Add MGRM Tallehassee, FC 32 308 Remove Add Add Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Charge Warren H. Smith From MGR to MGRM.
Dated	· M. August 29, 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 AUG 29 PH 2: 19