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J. HARRIS

## **COVER LETTER**

Division of Corp	orations		
SUBJECT: Red	Tail Communi	ty LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	-David +	Pobents	
		Name of Person	
	Partensit	Holdings Firm/Combany	
	<del></del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
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	PO Box	915767	
		Address	
		~/ 2-70/	
	Longwood,	FL 3279/ City/State and Zip Code	<del></del>
		'	
	E-mail address;	D protegaty Nouto to be seed for future annual report notil	ication)
n 2 a 1 c		,	
For further information co	ncerning this matter, please co	AH:	
David F	26004	42 960	7704
David K Name of	Person Person	at ( <u>467</u> ) <u>960 -</u> Area Code Daytime	: Telephone Number
Enclosed is a check for the	e following amount:		
S \$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:

TO:

Registration Section

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

(A Florida Linfited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $6/3/2010$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	
Protegrify Cafe LLC  The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	280 WEKINA Springs Ro
(Principal office address MUST BE A STREET ADDRESS)	280 Wekiva Springs Ro Suite 1050 Longwood, Fl 32779
	•
Enter new mailing address, if applicable:	260 Weking Springs Rd Suite 1040 Longwood, Fl 32779
(Mailing address MAY BE A POST OFFICE BOX)	Suite 10to
	LONGWOOD, FC 32779
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
	<b>-</b>
Name of New Registered Agent:	
New Registered Office Address:	
	Emer 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my duties, and I am familiar with and
company has been notified in writing of this change.	

Page 1 of 3

AT Changing Registered Agent. Signature of New Registered Agent

. . . If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	•
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			Change
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Filing Fee: \$25.00