

211000026975

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EXAMINER



600227052006

04/03/12--01013--015 **25.00

FILED
12 APR -3 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED EAGLE CONSULTING, 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:

ALAN K. GEER, CPA

Name of Person

ALAN K. GEER, P.A., CPAS

Firm/Company

7401 D TEMPLE TERRACE HWY

Address

TAMPA, FL 33637

City/State and Zip Code

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

For further information concerning this matter, please call:

ALAN K. GEER, CPA

Name of Person

at (813)

988-9564

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

RED EAGLE CONSULTING, 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 MARCH 4, 2011 and assigned
Florida document number L11000026975.

This amendment is submitted to amend the following:

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

RED EAGLE GROUP, 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)

5626 KILLIAN PATH

WESLEY CHAPEL, FL 33543

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 7277

WESLEY CHAPEL, FL 33545

FILED
12 APR -3 AM 10:50
CLERK OF CIRCUIT COURT
JULIA M. HARRIS, CLERK
TALLAHASSEE, FLORIDA

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	WILLIAM WEATHERFORD	1646 PARKER POINT BLVD ODESSA, FL 33556	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WILLIAM WEATHERFORD	5626 KILLIAN PATH WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANDREW WEATHERFORD	1646 PARKER POINT BLVD ODESSA, FL 33556	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

3/28/2012

Signature of a member or authorized representative of a member

William W. Weatherford

Typed or printed name of signee