L11000060521

(Requestor's Name)
(Address)
(Address)
(issues 5,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
U
,

Office Use Only



400238963494

12 OCT -2 AM 10: 5

RECEIVED
DEPARTMENT OF STATE

OIVISION OF CONTONIVIO

OCT =3 2012

T. HAMPTON



ACCOUNT NO. : 12000000195
REFERENCE : 355774 7806746
AUTHORIZATION: Spelle man
COST LIMIT : \$ 25.00
ORDER DATE : September 23, 2012
ORDER TIME : 4:47 PM
ORDER NO. : 355774-011
CUSTOMER NO: 7806746
DOMESTIC AMENDMENT FILING NAME: LITTLE RED CHAIR LLC
EFFECTIVE DATE:
ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 2956
EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 OCT -2 AM 9:53

LITTLE RED C				
(Name of the Limited Liability Compa (A Florida Limited I.	n <mark>y as it now appears on our</mark> liability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000060521</u> .	were filed on <u>05/23/2011</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company." the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	332 Crystal Pond Avo	;		
(Principal office address MUST BE A STREET ADDRESS)	Deland, FL 32720			
Enter new mailing address, if applicable:	332 Crystal Pond Ave	;		
(Mailing address MAY BE A POST OFFICE BOX)	Deland, FL 32720			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	(Enter Flo	rida street address)		
	(City)	_, Florida(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

IGRM = N	Managing Member		
<u>tle</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			
lf amen —		ge(s) here: (Attach additional sheets, if necessar	n:.)
			12 OCT
ted	9/30 //. 20	1124	-2 AH 9: 53
	}	er or authorized representative of a member	<u></u>
	Nathaniel Thomas /	ed or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00