# L12000160606

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SECRETARY OF STATISTICS OF STA

C. LEWIS

JAN 1 8 2013

EXAMINER

### **COVER LETTER**

TO:	Registration Section	<b>2</b> .	e e e e e e e e e e e e e e e e e e e	۸, ,	
<b>S</b> iris	Red Lion G	roup,	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:

# Manuel Resto

Name of Person

Red Lion Group, LLC

Firm/Company

3956 Town Center Blvd #530

Address

Orlando / Florida 32837

City/State and Zip Code

mresto@redliongroup.net

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

For further information concerning this matter, please call:

# Manuel Resto

<sub>...</sub>407\990-6119

Name of Person

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

# ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF SORECHARDER **OF** 

2013 JAN 17 PM 1: 32

Red Lion Group, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liabilit Florida document number L12000160606	y Company were filed on 12/26/2012	and assigned
This amendment is submitted to amend the following	3;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designs	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	]	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida stre	eet address
	, Flori	
	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> **Type of Action Annibelkis Resto** MGRU 3956 Town Center Blvd ste 530 Orlando, FL 32837 Yovanna Almonte 3956 Town Center Blvd ste 530 Orlando, FL 32837

P. If amending any other information, enter change(s) here: (Attach additional sheet	s, if necessary.) 🟌	
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	SECRETARY  DIVISION OF GO	RPOSTATE
•	2013 JAN 17	PM 1: 32
	<del>,, , </del>	
Dated January 14th 2013/		
Har	,	
Signature of a member or authorized representative of a men	nber	**************************************
Manuel Resto		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00