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13 OCT -7 PM 2: 37
SECRETARY OF STATE

OCT - 8 2013

T. BROWN

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: RF	DLINE KGSO Name of Limit	CIATES LLC.	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Joe Aver	veh	
	Redline Kg	Name of Person SOCIATES LLC. Firm/Company	
	PO BOX 10	Address	444-
	Hallanda	e FL 33008	-1641
	Red line T E-mail address:	Address e F 33008 City/State and Zip Code C gmail Com c be used for future annual report notificati	on)
For further information co	oncerning this matter, please ca		
Toe kve	Person	at (<u>954)</u>	lephone Number
Enclosed is a check for th	ne 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 TO ARTICLES OF ORGANIZATION OF

7.	FILED
13007	", cD
TALLAHTAH	PY OF STATE FLORIDA
r records.)	E FISTAIR
r records.	ORIDA

Zip Code

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	500 S. Federal Highway #1641
(Principal office address MUST BE A STREET ADDRESS)	Hallandale, FL 33009
Enter new mailing address, if applicable:	POBOX 1641 Hallandale, FL 33008-1641
(Mailing address MAY BE A POST OFFICE BOX)	Hallandale, FL 3308-1641
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Elasida

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.

City

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 Title Name **Address Type of Action** HGR 1001 N. Federal Highway [Hallandale, FL 33009 PRemove Joe Lverveh POBOX 1641 VAdd MGR Hallandale, FL 33008-1641 Remove Remove Remove Remove

). If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ated	10/3 , 2013 . / \/
	An Ans
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Toe Aveveh
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00