

9/9/22, 4:31 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L13000048943

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

REDWEEK REAL ESTATE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

14:39 PM 9/9/22

RECEIVED OF STATE  
ALL AMENDMENTS TO CERTIFICATE

2022 SEP -9 PM 3:17

APPROVED  
AND  
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDWEEK REAL ESTATE 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 04/03/2013 and assigned  
Florida document number 113000048943.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida

33324

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 605, 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

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AND  
FILED  
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STATE OF FLORIDA  
TALLAHASSEE

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gary Prado	1500 Town Plaza Court	<input type="checkbox"/> Add
		Winter Springs, FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Randal Conrads	14201 SE Petrovitsky Rd	<input type="checkbox"/> Add
		# A3-382	<input checked="" type="checkbox"/> Remove
		Renton, WA 98058	<input type="checkbox"/> Change
MGR	Sherman Ross Crowder	15147 N. Scottsdale Road	<input checked="" type="checkbox"/> Add
		STE 210	<input type="checkbox"/> Remove
		Scottsdale, Arizona 85254	<input type="checkbox"/> Change
MGR	Trevor Steege	15147 N. Scottsdale Road	<input checked="" type="checkbox"/> Add
		STE 210	<input type="checkbox"/> Remove
		Scottsdale, Arizona 85254	<input type="checkbox"/> Change
MGR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a member or authorized representative of a member

Travis Steege

Typed or printed name of signee

H. 055 - 12/16/2021 Authors: Klausen, Delane