L13000098544

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COVER LETTER

TO: Registration Sect Division of Corpo		. ₁ 4 .	•
SUBJECT: Redfern E	nterprises LLC		
		d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Michel L. Redfern		
		Name of Person	
	Redfern Enterprises L	LC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1028 SE 20th Ave		
		Address	
	Cape Coral, FL 33990	0	
		City/State and Zip Code	
	Shell@RRSFLA.com	L	
For further information cor	e-mail address: (to	be used for future annual report notification:	on)
Shell Redfern		at (239)834.7758 Area Code & Daytime Te	Inhana Number
Name of I	reison	Alea Code & Daytille Te	repriore regimoer
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 TO ARTICLES OF ORGANIZATION **OF**

FILED

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Redfern Enterprises LLC

SECRETARY OF STATE JAILAHASSEE, FLORIDA

(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 v	were filed on 7/11/2013	and assigned
Florida document number L13000098544		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the d	lesignation "LLC" or the abbreviation
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 here		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Entar Flori	da 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 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>	Address	Type of Action
MGR	Ronald J. Welebny	5349 Cobalt Ct	Add
		Cape Coral, FL 33904	Remove
			Add
			Remove
			Add
			Remove
···			
			Remove
			Add
			Remove
			Add
			Remove
			_ _

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Date	· · · · · · · · · · · · · · · · · · ·
	Michel S. Kidher
	Signature of a member or authorized epresentative of a member
	Michel L. Red Fern Typed or printed name of signee

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Filing Fee: \$25.00

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