113000/04354

| (Requestor's Name) | |
|---|----|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | Ų3 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: RED WATERWARY, 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: |
| ANDY HILL Name of Person |
| RED WATERMARK Firm/Company |
| 1055 CRYSTAL WAY, APT B |
| DELRAY BEACH, FL, 33444 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| ANDY HILL at (314) 856 - 2639 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Solution Sand Sand Status Solution See |

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



March 8, 2019

ANDY HILL RED WATERMARK, LLC 1055 CRYSTAL WAY - APT. B DELRAY BEACH, FL 33444

SUBJECT: RED WATERMARK, LLC.

Ref. Number: L13000104354

We have received your document for RED WATERMARK, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000243685 - TRUE NORTH LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irepe Albritton Regulatory Specialist II

Letter Number: 319A00004766

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| (Name of the Limited Liability C (A Florida Lir | Company as it now appears on our records.) mited Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Com Florida document number <u>L13pp@164354</u> . | npany were filed on 67/23/2013 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | I liability company here: |
| TRUE WORTH CAPITAL, Le The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | NIA |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/X 20 11 99 |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | ed office address on our records, enter the name of the new s here: |
| Name of New Registered Agent: Name of New Registered Agent: | Α |
| New Registered Office Address: New Registered Office Address: | Enter Florida street address |
| · | City Zip Code |
| New Registered Agent's Signature, if changing Registered A | gent: |

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

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 Title Name Address Type of Action NA NA NIA DAdd ☐ Remove NA NA ☐ Change N/A N/A N/A □ Add ☐ Change N/A N/A ☐ Remove ____ □ Change N/K N/K <u>N/A</u> □ Add

___ _ _ _ _ _ _ _ _ Change

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| n effi <u>(te:</u> | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ted | NARA MARCH 17 . 2019. |
| | \rightarrow |
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| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00