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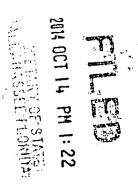
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PICK-UP	☐ WAIT	MAIL
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OCT 15 2014 D. BRIDE Division of Corporations

September 29, 2014

AVI S TRYSON, ESQ. GOEDE, ADAMCZYK & DEBOEST, PLLC 8950 FONTANA DEL SOL WAY, STE 100 NAPLES, FL 34109

SUBJECT: REDLANDS, LLC Ref. Number: L13000152457

We have received your document for REDLANDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 814A00020827

2014 OCT 14 PH 1: 22

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDLANDS, LLC			
(<u>Name of the Limited</u> (A	Liability Company as i	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liab Florida document number L13000152457			and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	<u>he limited liability c</u>	ompany here:	
The new name must be distinguishable and end with the wo	rds "Limited Liability Co	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		20.2
			<u> </u>
Enter new mailing address, if applicable:			271 - 100
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		The second of
			2 T
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Goede, Adamoz	zyk & DeBoest, PLLC	
New Registered Office Address:	c/o Avi Tryson,	8950 Fontana Del Sol Wa Enter Florida street address	y, #100
	Naples	, Florida	34109
		City , Florida _	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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

Page 1 of 3

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action _ 🗆 Add __ □ Remove _ 🗆 Add □ Remove ☐ Add □ Remove 2014 PROTECTION 1: 22 ☐ Add ☐ Remove ☐ Add _□ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

(optional)
(antional)
(antional)
(antional)
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date and cannot be more than 90 days after
·
d representative of a member

Page 3 of 3

Filing Fee: \$25.00

