# L 13000/56263

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Redline Ex	PYESS LLC ame of Limited Liability Company	_
The enclosed Articles of Amendment and fee	(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
	Name of Person  Alune Express LC  Firm/Company  208 Markland Lane  Address  Sebring F1 33875  City/State and Zip Code  1 1 1 1 6 Notmal Com  il address: (to be used for future annual report notification)	2014 MAR -5 PM 2-24  ALCAETARY OF STATE FALLAHASSEE, FLORIBA
		- 景部 24
For further information concerning this matte	r, please cali:	
Brandi Hicks Name of Person	at (803) 835 C9109 Area Code Daytime Telephone Num	ber
Enclosed is a check for the following amount	:	
\$25.00 Filing Fee \$30.00 Filing Certificate of	f Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, Ticate of Status & Tied Copy Tied 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
266! Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	ess LLC	-
(Name of the Limited Liability) (A Florida L	Company as it now appears on our r imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>HOVLU</u>	NDOR 6,13 and assigned
Florida document number <u>L   3000   5626 3</u>	3	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		20)
		LAHAR T
Enter new mailing address, if applicable:		(A) AP
(Mailing address MAY BE A POST OFFICE BOX)		Section 1
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	•	
New Registered Office Address.	Enter Florida street a	ddress
		_, Florida
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
MGR	Bryan Todd	9208 Markland Ln	Add
	<i>y</i>	9208 Markland Ln Seloking Fl 33875	□ Remove
<u></u>		<del></del>	Add
			☐ Remove
			2014 
<del></del>			2014 AAR - Move F STATE
			Fig. Remove
			D Add
			□ Remove
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		•	Remove
		<del> </del>	□ Add
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated March 3, 2014.
	Brandi Hicko
	Signature of a member or authorized representative of a member
	Brandi Hicks
	Typed or printed name of signee

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Filing Fee: \$25.00

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