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(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
				





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SEP 0 9 2015 S. YOUNG

COVER LETTER

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TO: Registration Division of C			3 .
SUBJECT:	RED Indus	Hies, LLC ited Liability Company	<u>,</u>
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JEF	f Rogers	
		Name of Person	
	RED	Industries Pirm/Company	/ Uc
	4701 Bldg	SW 45# 1	st
	DAVI	City/State and Zip Code	<u> </u>
	E-mailtaldress: (to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please ca	all:	
Jef-A	C Rogers	at (<u>954</u> <u>314</u> · Area Code Daytime	-7696 Telephone Number
Enclosed is a check for	r 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on <u>0/-08-204</u> and assigned Florida document number <u>L/400000 4/54</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	liability company here:				
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>				
	三 8 五				
Enter new mailing address, if applicable:	co in				
(Mailing address MAY BE A POST OFFICE BOX)					
	d office address on our records, enter the name of the new				
registered agent and/or the new registered office address	<u>here</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address , Florida				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Age	ent:				
provisions of all statutes relative to the proper and comple	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is				

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Type of Action** □ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove Change ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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		· · · · · · · · · · · · · · · · · · ·
	e date, if other than the date of filing:(or	otional)
(If an effec Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a the date inserted in this block does not meet the applicable statutory filing requirements, and the date on the Department of State's records.	fter filing.) Pursuant to 605.0207 (3
	ord specifies a delayed effective date, but not an effective time, at 12:03	1 a.m. on the earlier of:
) The S	90th day after the record is filed.	The state of the s
Dated _	7-10-2015 1	5 GT
Dateu _		भूम भूते हो।
	<u>a</u>	
	Signature of a member or authorized representative of a member	The second second
	Tiff Rogers	့် မ
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00