

L14 0000 29661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

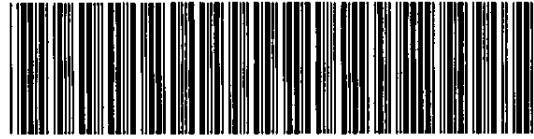
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800256847648

03/06/14--01027--019 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR -6 PM 12: 51

FILED

MAR -7 2014
T CLINE

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.133 FAX: (800) 388-0330
EMAIL: ttran@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: 3/4/2014

FROM: TENG TRAN

Client Matter: # 4628850

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **Scarlet Fox LLC**

Enclosed is one of the following: **(1) Articles of Amendment**

Return request with filing: **(1) Plain Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: ()

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

2014 MAR -6 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Scarlet Fox, LLC

(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 were filed on 02/21/2014 and assigned Florida document number L14000029661.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

FILED
2014 MAR -6 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Southern Red Management Inc.	1581 Fortsmith Blvd. DELTONA, FL 32725 USA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	John L. Handy Revocable Trust	1581 Fortsmith Blvd. DELTONA, FL 32725 USA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	John L. Handy	1581 Fortsmith Blvd. DELTONA, FL 32725 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 2014 MAR 05 PM 12:55
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 3rd, 2014



 Signature of a member or authorized representative of a member
 John Handy

 Typed or printed name of signee