Florida Department of State Division of Corporations

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Division of Corporations

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Account Name : LECALZDOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REDEEMED RESIDENTIAL HOMES LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Help

DEC - 8 2014

COVER LETTER

	lstration Sec sion of Corp			
SUBJECT:	REDEEME	D RESIDENTIAL HOME	S LLC	
BODGE CT.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following	
		Cheyenne Moselcy		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		andpilot2@bellsouth.net	to be used for future annual reportnotif	Santion)
For further in	iformation co	e-man address. (i		reactory
Imelda Vas	·		323 962-8600 e:at ()	xt 7950 e Telephone Number
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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 isenctosed)

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

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

1323902000 FILED 2014 DEC -5 AM 8: 27

REDEEMED RESIDENTIAL HOMES LLC

(Namcof 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 03/26/2014	and assigned
Florida document number 1.14000049733	- AMERICAN OF THE STATE OF THE	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Redeemed Recreational Homes LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Plorida
	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 Memberon our records, enterthe title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>tle</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Add
			☐ Remove
	10 10 · · · ·		□ Add
			TALLAHASSER, FLORIDA
			SIATE PLORIDE Add
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Filing Fee: \$25.00

