

| (Requestor's Name) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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2018 DEC 17 PM 4: 37 SECRETARY OF STATE

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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | | |
|---|--------------------------------------|---|---|---|--|--|--|
| cun i | Red Bishop | | | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | | | |
| The e | nclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please | e return all correspor | ndence concerning this matter | to the following: | | | | |
| | | David King | | | | | |
| | | | Name of Person | | | | |
| | | Red Bishop LLC (authorize | ed member) | | | | |
| | | | Firm/Company | | | | |
| | | 3210 S. Ocean Blvd, Apt 7 | | | | | |
| | | | Address | | | | |
| | | Highland Beach, Florida, 3 | 33487 | | | | |
| | | David@loanrelief.biz | City/State and Zip Code | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | | |
| For fu | arther information co | oncerning this matter, please ca | all: | | | | |
| David | d king | | 509 669 1105 at () | | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | | |
| Enclo | sed is a check for th | e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | | | | |
|---|---|---|--|--|--|
| ited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | | | | |
| Liability Company | were filed on 29 January 2015 | and assigned | | | |
| | | | | | |
| llowing: | | | | | |
| of the limited liab | oility company here: | | | | |
| | | | | | |
| words "Limited Liabi | ility Company," the designation "LLC" or | the abbreviation "L.L.C." | | | |
| icable: | 405 Unit C Interstate Blvd | | | | |
| ET ADDRESS) | Sarasota, FL | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 34240 | | | |
| Enter new mailing address, if applicable: | | | | | |
| E BOX) | Sarasota, FL | | | | |
| | 34240 | | | | |
| | | enter the name of the | | | |
| N/A | | | | | |
| IN/A | | | | | |
| | Enter Florida street address | | | | |
| | Enter Florida street address , Flori | | | | |
| | Liability Company Illowing: of the limited liab words "Limited Liab licable: EET ADDRESS) EBOX) d/or registered of office address here | of the limited liability company here: words "Limited Liability Company," the designation "LLC" or licable: 405 Unit C Interstate Blvd Sarasota, FL 34240 405 Unit C Interstate Blvd Sarasota, FL 34240 d/or registered office address on our records, goffice address here: N/A | | | |

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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ampany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|-----------------|-------------------|
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| | 12/20/2018 | | | ORDINA TRANSPORTE | : 38 | |
| Tective date, if other than the our offective date is listed, the date must | | | | | | |
| an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De | ck does not meet the applic | able statuto | ng or more than 90 ry filing requirem | days after filing.) Purs ents, this date will i | uant to not be l | 605.0207 (listed as t |
| record specifies a delayed The 90th day after the reco | ord is filed. | | | 12:01 a.m. on t | he ea | rlier of: |
| 20 December | 2018 | | / // | | | |
| 20 December | ,, | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00