

L15000139 364

(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:

wrong form

Office Use Only



600280212896

12/30/15--01028--007 **52.50

01/22/16--01003--004 **7.50

RECEIVED

15 DEC 31 PM 3: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2016 JAN 21 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2016

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2016

BONNIE L. DEATLEY
6522 SAN CASA DRIVE
ENGLEWOOD, FL 34224

SUBJECT: RED-JAY CABINETS, LLC
Ref. Number: L15000139364

We have received your document for RED-JAY CABINETS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 316A00000200

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED-JAY CABINETS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie DeAtley
Name of Person

RED-JAY CABINETS LLC
Firm/Company

6522 SAN CASA DR
Address

Englewood FL 34224
City/State and Zip Code

bonnieredjaycabinets@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie DeAtley or Chris Wallace at (941) 474-8968
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RED-JAY CABINETS 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 8/14/15 and assigned
Florida document number 215000139364.

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 contain 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) _____

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 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 _____

FILED
JAN 21 4:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>RANDY H. WALLACE</u>	<u>3600 Island Club DR</u>	<input checked="" type="checkbox"/> Add
		<u>APT 7</u>	<input type="checkbox"/> Remove
		<u>NORTH PORT FL 34288-⁶⁶¹⁰</u>	<input type="checkbox"/> Change
<u>CFO</u>	<u>BONNIE L. DeAtley</u>	<u>6329 Rosewood DR</u>	<input checked="" type="checkbox"/> Add
		<u>ENGlewood FL 34224</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED
2018 JAN 21 A 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative

CHRISTOPHER J. WALLACE

Filing Fee: \$25.00

FILED
2016 JAN 21 A 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA