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(Requestor's Name)	
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(Address)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations

The Red Bottom Girls, LLC Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Kristen Rabell at (352) 213-6760 Numeral Person Area Code Davime Telephone Number

Fuclosed is a check for the following amount:



□ \$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) 4

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

<u>(Name of the Limited Liability Company a</u> (A Florida Limited Liabi	Girls LLC sit now appears on our records.) http://outpany)	- <u></u>	
The Articles of Organization for this Limited Liability Company were Florida document number $\_\_\_\_140000006663$	re filed on $1/08/16$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
N A The new name must be distinguishable and contain the words "Limited Liability C			_
Enter new principal offices address, if applicable:		eviation "L.L.C,"	
	<u> </u>	200	-
(Principal office address MUST BE A STREET ADDRESS)			-
-			<u> </u>
		SSE SSE	5
Enter new mailing address, if applicable:	N.		Щ
(Mailing address MAY BE A POST OFFICE BOX)			-0
			-
		<u> </u>	-
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>enter t</u>	te name of the	<u>new</u>
Name of New Registered Agent:	N N		-
New Registered Office Address:			
	Enter Florida street address		

## 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 merchy reflect a change in the registered office address. I hereby confirm that the limited hability company has been notified in writing of this change.

Cirv

NA If Changing Registered Agent, Signature of New Registered Agent

Florida\_

Zip Code

\$

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	_Kristen Rabel	5213 5W 915+ Ter	Add
		Str A	🖸 Remove
		Gainesville, FL 326	DB Change
			🗆 Add
			🛛 Remove
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			_ 🛛 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, r

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OR S.	

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records,

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.

× Dated Signature of a member or authorized representative of a member Rebecca Johnson Typed or printed name of signee Kristen Rabell Page 3 of 3 210 Filing Fee: \$25.00