## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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

Fax Number

: (323)962-3889

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

Emall	Address:	 	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JEFF SNOW DESIGN, LLC

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

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Help

## **COVER LETTER**

	ration Section of Corpo			
	EFF SNO	W DESIGN, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed Ar	rticles of Ai	mendment and fee(s) are sub	mitted for filling.	
Please return all	correspond	lence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	<del></del>
		Legalzoom.com, Inc.		
		<del></del>	Firm/Company	<del></del>
		101 N Brand Blvd., 11	th Floor	
			Address	<del></del>
		Glendale, CA 91203		
			City/State and Zip Code	
		jeff@redsprocket.co	Offi to be used for future minual report notificati	
For further infor	rmation car	e-mail acoress: ( neerning this matter, please of		S. C.
Cheyenne M	loseley	,	800 773-0888 x97	24
	Name of F	Person	Area Code Daytime Tel	ephone Number
Enclosed is a ch	eck for the	following amount:	•	-
□ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee &    Certified Copy    (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (add:uonal 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
Tallanassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEFF SNOW DESIGN, LLC	
(Name of the Limits	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie	ability Company were filed on 03/24/2017 and assigned
lorida document number L17000067913	
his amendment is submitted to amend the follo	owing:
. If amending name, enter the new name of	the limited fiability company here:
RED SPROCKET LLC	
he new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
inter new principal offices address, if applica	able:
Principal office address MUST BE A STREE	TADDRESS)
nter new mailing address, if applicable:	
•	BOX
Mailing address MAY BE A POST OFFICE	BOX
Mailing address MAY BE A POST OFFICE	BOX
Mailing address MAY BE A POST OFFICE of	BOX) for registered office address on our records, enter the name of the
Mailing address MAY BE A POST OFFICE of	BOX) for registered office address on our records, enter the name of the
Mailing address MAY BE A POST OFFICE of	for registered office address on our records, enter the name of the
Mailing address MAY BE A POST OFFICE of the second of the registered agent and/or the new registered of the Name of New Registered Agent:	for registered office address on our records, enter the name of the
Mailing address MAY BE A POST OFFICE of the second second and second agent ag	for registered office address on our records, enter the name off the fice address here:
existered agent and/or the new registered of  Name of New Registered Agent:	for registered office address on our records, enter the name of the fice address here:

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

Title	Name	Address	Type of Action
<del></del>			D Add
			D Add
			☐ Remove
	<del></del>		☐ Adc
		<del></del>	☐ Remove
			Remove  Order  ORIGINAL CORRESPONDENCE  ORIGIN
			□ Add
			D Add
			□ Remove

Page 2 of 3

Sective date, if other than the date of filing: the effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	cof receipt or filed date and carmot be more than 90 days after of State)
ted 12-10-2018	,
Ellren Janes	Fnow ember or authorized representative of a member
Jeffrey James Snow	ember or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

