

L17000104777

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2017 JUN -2 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUN -5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED COTTAGE MANAGEMENT LLC- CORRECTING SPELLING

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:

NANCY GROVES

Name of Person

RED COTTAGE MANAGEMENT LLC

Firm/Company

107 S. OAK AVE

Address

SANFORD, FL 32771

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELANIE H. LUCAS at (407) 963-0214
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

RED COTTAGE MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/11/2017 and assigned
Florida document number L17000104777.

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:

MELANIE H. LUCAS

New Registered Office Address:

107 S. OAK AVE

Enter Florida street address

SANFORD

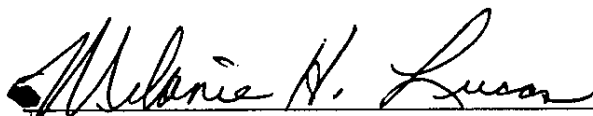
City

Florida 32771

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 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>
MGR	MELAINE H. LUCAS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MELANIE H. LUCAS		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE REASON FOR THE CHANGE IS THE MISPELLING OF MS. LUCAS'S NAME FROM MELAINE H.

LUCAS TO THE CORRECT : MELANIE H. LUCAS

FILED
2017 JUN -2 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

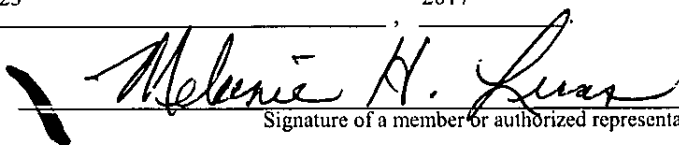
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 5/23, 2017


Signature of a member or authorized representative of a member

MELANIE H. LUCAS

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
RED COTTAGE MANAGEMENT LLC

Filing Information

Document Number L17000104777
FEI/EIN Number NONE
Date Filed 05/11/2017
Effective Date 05/10/2017
State FL
Status ACTIVE

Principal Address

107 S OAK AVE
SANFORD, FL 32771--123

Mailing Address

107 S OAK AVE
SANFORD, FL 32771--123

Registered Agent Name & Address

LUCAS, MELAINE H — *Melanie*
107 S OAK AVE
SANFORD, FL 32771--123

Authorized Person(s) Detail**Name & Address**

Title MGR

GROVES, NANCY A
107 S OAK AVE
SANFORD, FL 32771--123

Title MGR

LUCAS, MELAINE H — *Melanie*
107 S OAK AVE
SANFORD, FL 32771--123

Annual Reports

No Annual Reports Filed

Document Images

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