417000261895

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RES HILLS LAND & EALTY 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:
L. DAMES PARMAM Name of Person AND RED HILLS LAND & CALM, LLC Firm/Company Z519 SUPF POAD Address OCHLOCKOMSE BAY, FL 32346-2641 L. J. PARHAM & BO HILLS LAND CO. COM
For further information concerning this matter, please call: Area Code Daytime Telephone Number Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$50.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status Certificate of Status (additional copy is enclosed) 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

RES HILLS LAND	AND REDUIT	, LLC
Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000261895</u>	were filed on ACEN	852 26, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi RED HILLS LAND CONFANY The new name must be distinguishable and contain the words "Limited Liabile."	LLC	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:	N/A	7 87 77
(Mailing address MAY BE A POST OFFICE BOX)		G 17
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	City	Florida 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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more the lift the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 6 uirements, this date will not be li	505.02 isted a
cord specifies a delayed effective date, but not an effective time e 90th day after the record is filed.	, at 12:01 a.m. on the ear	rlier
DC TOBSI 18, 2019.		
Signature of a member or authorized representative of a	member	
L. JAMES PARHAM		

Page 3 of 3

Filing Fee: \$25.00