# L18000050346

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PICK-UP WAIT MAIL
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## **COVER LETTER**

SUBJECT: Reabird 2 Investments LC  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:
Susan Lupien Name of Person
Redbird 2 Investments UC
114 Indian River Blvd #182
Edgewater FL 32141  City/State and Zip Code  Redbird LInvestmentse i cloud.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Lupien at 407, 429-9779  Name of Person at 407, 429-9779  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on Feb	26,2018 and assigned	
Florida document number <u>L1800050341</u>	e.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LEC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		3
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		<u> </u>	: <del>-</del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<b>3</b> 2	1 "
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B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, <u>enter the name of the n</u>	<u>iew</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	reet 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

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
MGR	Ann RicHedge Her	xdrix	Add
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reffective date is list <b>te:</b> If the date in:	ther than the date of sted, the date must be spe serted in this block do e date on the Departm	ecitic and cannot be ses not meet the a	prior to date of fi pplicable statute	ling or more than 90	days after filing ) Purs	uant to 605,02 not be listed
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he 90th day a	e 7 Dusaa	<u>5</u> .C	18			

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Filing Fee: \$25.00