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TO:

TO: Registratio Division of	n Section Corporations		
SUBJECT:	RED DOOR MOBILES,	LLC	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
	W	/ILLIAM H. HARRELL	
		Name of Person	
		Firm/Company	
	23	323 SOUTH FLORIDA AV	ENUE
	-	Address	
	L	AKELAND, FL 33803	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report r	otification)
For further information	on concerning this matter, please	call:	
WILLIAM H. HARRELL		863 68	8-7038
Na	me of Person	Area Code Day	time Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fe \$25.00 Filing Fe	e \$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)
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration	
Division of	of Corporations	Division of C	Corporations
P.O. Box Tallahasse	63 <i>27</i> ee. FL 32314	The Centre o	t Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED DOOF	R MOBILES, LLC		
(<u>Name of the Limited Liahili</u> (A Florida	ty Company as it now appea (Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL18000061322	ompany were filed on	03/08/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company h	ere:	
PINE LEVEL BEEF	CO., LLC		
The new name must be distinguishable and contain the words "Lim		lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our r	ecords, enter the na	2023 JAW 9 AH 8: 200 STACHE NEW registers
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		والمرابع الأرام	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
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record sp is filed.	ecities a delayed effective date,	, but not an effective time, a	at 12:01 a.m. on the earlie	er of: (b) The 90th day after t	the
ated	January 5	2023			
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	Signat	ture of a member or authorized	representative of a member	<del></del>	

Filing Fee: \$25.00