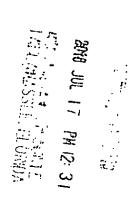
LIECUMTELI

ı	
	(Requestor's Name)
	(Address)
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	,
	(Document Number)
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COVER LETTER

	gistration Section rision of Corporations		
SUBJECT:	J L Morgo	nited Liability Company	-
	macy sum.	med Stability Company	
The enclosed	d Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspondence concerning this matter	to the following:	
		Name of Person	_
		Firm/Company	
	1274 Bur	nwell 201.	
1	Tallahas	See FL 32317 City/State and Zip Code	— ;; — ;;
	redhikov E-mail address:	STORY & GMAIL COM Ito be used for future annual report notification)	
For further i	nformation concerning this matter, please c	all:	ري ري
1051	Name of Person	at (850) 509-4910 Area Code Daytime Telephone Num	t
Enclosed is	check for the following amount:		
□ \$25.00 F	iling Fee S30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed on 3 2 18 and assigned
orida document number 1800077841
nis amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
Red Hills Outcloby Innovations & Solutions LLC. e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
rincipal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Aailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code
w Registered Agent's Signature, if changing Registered Agent:
tereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our records: MGR = | Manager AMBR = Authorized Member <u>Title</u> Name | <u>Address</u> Type of Action _□ Add _□ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove _□ Change _} ___ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective date.	ng or more than 90 days after filing.) Pursuant to 605, by filing requirements, this date will not be liste
ie 90th day after the record is filed.	uve time, at 12:01 a.m. on the earlie
d JOIN 17, 2018.	
Signature of a prember or authorized represe	entative of a member

Page 3 of 3

Filing Fee: \$25.00