## LIBOOUTIBYI

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

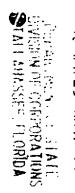
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## **COVER LETTER**

TO: Registration Sec Division of Corp	porations	1	
SUBJECT: <u>Reo</u>	L Hills Out	clar Innovation Library	ions + Solution
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	<u> </u>
	Real Hills Out	Name of Possion S  House Inaquation S  Firm/Company	
	1314 Blakemo	ine Ct	्रं क स्था
	Tallalossee 1 redhills out	Address  Cl, J2J17  City/State and Zip Code  Love Q C Maril 1  to be used for turned annual report notifi	COM (cation)
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	S55.00 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 Taliahassee, 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 Hills Outdoo.	r Innovations & Soh	hons
(Name of the Limited (A	r Inovations 1 Sok Liability Company as it now appears on our stricted Liability Company)	records.)
The Articles of Organization for this Limited Liab	oility Company were filed on	
Florida document number 618000771	<u>4/</u>	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the second seco	LLC	
		LLC of the aboveviation E.E.C.
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	- In the second
		70
Enter new mailing address, if applicable:		·· -
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	5	cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00