

Division of Corporations



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Division of Corporations Fax Number : (850)617-6383

Promi

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC Account Number : 120190000062 Phone : (239)850-9451 Fax Number : (866)929-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

$\bigcap_{i=1}^{n}$		Bail Address: psfbe comcast. net			
RECEIVE	123 PH	LLC AMND/RESTATE/CORRECT OR M/MG RES REDFISH POINT, LLC		SIGN ST T	
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Tallahassee, FL 32314

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COVER LETTER (H 2000 3696033)

TO: Registration ! Division of Co			
REDFISH SUBJECT:	POINT, LLC		
SUBJECT:	Name of Lin	nited Lisbility Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
	KYLE WILLIAMS		
		Name of Person	
	REDFISH POINT, LLC		
		Firm/Company	<u> </u>
	2512 SE 20TH PLACE		
		Address	······································
	CAPE CORAL, FL 33904	1	
	·	City/State and Zip Code	
	KYLEKYLE65@HOTMA		· • • • • • • • • • • • • • • • • • • •
For further information	concerning this matter, please o	(to be used for future annual report no call:	anneanton)
KYLE WILLIAMS		609 517-2602 at ()	
Name	of Person		me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$2\$.00 Filing Fee	E \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (edditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Co	
		The Centre of	

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT (H 2000369 6035) TO ARTICLES OF ORGANIZATION OF

REDFISH POINT, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/12/2018 and assigned Florida document number L18000241600

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST RE A STREET ADDRESS)

		<u> </u>	
		50 (
Enter new mailing address, if applicable:	 	CT	T
(Mailing address MAY BE A POST OFFICE BOX)	(a)	3	[
		A	TT .
	- '07	2	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street edd	Att
		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 llability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Jeremy Charles Joseph Vincent	2926 SE 8TH AVE	_ =Add
		CAPE CORAL, FL 33904	CRemove
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			[] Add
			CRemove
			_ Change
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			_ 🖸 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ective date is listed, the date must b	are of filling: capecific and cannot be prior to date of filling	or more than 00 dama alles 51	Eng) Burning to 604 020	7 (3)
ent's effective date on the Dep	t does not meet the applicable statutory artment of State's records.	thing requirements, this d	late will not be listed a	s the
d specifies a delayed effective d ed.	ate, but not an effective time, at 12:01 a	.m. on the carlier of: (b)	The 90th day after the	•

Dated OCTOBER 22	2020	
	/	
	Signature of a member or authorized representative of a member	
KYLE WIL	AMS	
	Typed or printed name of signor	

Filing Fee: \$25.00 (H20003696033)