

L18000246247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT

FEB 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Redish Welding & Enterprises, LLC
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:

Chase Redish
Name of Person

Redish Welding & Enterprises, LLC
Firm/Company

PO Box 3257
Address

Clewiston, FL 33440
City/State and Zip Code

redishtrailerco@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Chase Redish at (863) 599-8725
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Redish Welding & Enterprise, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/19/2018 and assigned Florida document number L18000246247.

This amendment is submitted to amend the following:

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

Redish Enterprises, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Amy Swindle, CPA

New Registered Office Address:

606 West Sugarland Hwy

Enter Florida street address

Clewiston

City

Florida

33440

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.

Amy Swindle, CPA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Amanda Redish	3209 Shearin Rd	<input type="checkbox"/> Add
		Whitakers, NC 27891	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chase Redish	PO Box 3257	<input type="checkbox"/> Add
		Clewiston, FL 33440	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Derrel W Redish	15 West Corkscrew Blvd	<input type="checkbox"/> Add
		Lake Harbor, FL 33455	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Feb 2nd 2022

Feb 2nd
 [Signature]
 Signature of _____

Signature of a member or authorized representative of a member

Chase M. Redish

Typed or printed name of signee