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COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JOHN SANTARPIA		
		Name of Person	
		Firm/Company	
	2355 DELPHI BLVD		
	LAKELAND, FL 33812	Address	
	JSANTARPIA@ME.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
JOHN SANTARPIA		863 255-4704 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$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)
Regist	ANG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpo	on

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED DOOR WHITE HOUSE, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on 5.24.2019	and assigned
Florida document number L19000139616	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		 -
(Principal office address MUST BE A STREET ADD	DRESS)	
		
Enter new mailing address if applicable.		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or reg		records, enter the name of the n
registered agent and/or the new registered office ad	ldress here:	,
Name of Nav Desistand 4 and		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	and the second
	nner r tortaa stree	
	City	Florida

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHN P SANTARPIA	2355 DELPHI BLVD LAKELAND, FL 33812	■ Add
			□ Remove
			☐ Change
			
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
		□ Remove	
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (It'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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 6.7.2019
Signature of a member or authorized representative of a member
STEVEN G CAMPBELL Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00