

To:

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2022-06-15 07:25 27 PDT

LegalZoom.com, Inc.

From: Richard York

6/15/22, 9:22 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A&E REDICK ENTERPRISES LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY

JUN 16 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A&E REDICK 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

thoffman82655@gmail.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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Certificate of Status

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☐ \$60.00 Filing Fee,
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(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

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

A&E REDICK ENTERPRISES LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/31/2021 and assigned
Florida document number L21000149781.

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 "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) _____

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 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

AMBR = Authorized Member

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Change Add Remove Change
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