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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFCW	V RED BUG, LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C	ompany were filed on April 14, 2021	and assigned
Florida document number L21000162296	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDR	PF55)	E 3
Trincipal Office address MOST DE TI STREET TIPE	(200)	
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		SE SE
Enter new mailing address, if applicable:		m <sub>o</sub> ā
(Mailing address MAY BE A POST OFFICE BOX)		72 7
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street address	
	, Flori	da
	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 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>	Address	Type of Action
VP of D <u>EVELOP</u> HE	Steve Lipofsky	222 South Westmonte Drive, Suite 251	<b>≣</b> Add
		Altamonte Springs. FL 32714	□Remove
			□Change
CEO	Greg Ries	222 South Westmonte Drive, Suite 251	<b>=</b> Add
		Altamonte Springs, FL 32714	□Remove
			□Change
			□Adđ
			□Remove
		Change	
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an effective ( lote: If the	date is listed, the date inserted in	han the date of date must be speci n this block does on the Departmer	fic and cann not meet t	ot be prior to he applicab	date of tiling of	or more than 90	(optional days after filinents, this da	ng.) Pursuant to 6	605.0207 ( isted as t
record spec l is filed.	ifies a delayed	effective date, b	ut not an e	ffective time	e, at 12:01 a.	m. on the ear	lier of: (b)	The 90th day a	fter the
	May 13			2021					
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ated		( //.1							
oated		Signature	e of a memb	er or authori:	zed representa	itive of a memb	er		

Filing Fee: \$25.00