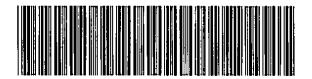
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only) State (21) M Holle #)
PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Sec Division of Cor			
SHR	ECT: Red Fern Pr	operties LLC		
50150	<u></u>		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Nova A Holness		
		Nova A Homess	Name of Person	
			Firm/Company	
		12836 SW Lake Fern Circl	le Address	
			Address	
		Port Saint Lucie, Florida 3	34987	
			City/State and Zip Code	
		angveralyn@aol.com	to be used for future annual report notif	Section
			·	neamon)
For fi	orther information co	oncerning this matter, please ca	all:	
Nova	A Holness		at (917) 9177339083	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	e following amount:		
■ S	25.00 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Fern Properties LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on June 8, 2021	and assigned
Florida document number <u>L21000266372</u>	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Red Fern Properties & Funding, LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the positioned count and/or resi	:	2021
B. If amending the registered agent and/or registered agent and/or the new registered office ade		iter the name of the new
		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		8. 8 . -
	Enter Florida street address	2
	, Florid	a
	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

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>	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

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(If an effect Note: 1:	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated <u>L</u>	December 3 , 2021 .
	Nova A Haluell Signature of a member or authorized representative of a member
	Nova A Holness
	Typed or printed name of signee

Filing Fee: \$25.00

Page 3 of 3