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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	alv.



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Reds Linas	ted Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub-	nitted for tiling.		
Please return all correspo	ndence concerning this matter t	to the following		
	000	Malone Name of Person		
		Firm Company		
	<u> </u>	Address Att. B		
		F! 33702 City/State and Zip Code		
	E-mail address: (t	o be used for future annual report Motif	fication)	. 2 <u>1</u>
	oncerning this matter, please ca $\mathcal{A} = \mathcal{A} = \mathcal{A}$		9584	2021 SEP
Name o	Person	at (<u>727</u>) <u>543</u> Area Code Daytim	e Telephone Number	3
Enclosed is a check for th	ne following amount:		! ! 	
図 \$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)	;;, U ,

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

Nids Maner LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 2100c 3 6688 3		/_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	•
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	obreviation "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 ad	dress on our records, enter the nan	ne of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		2021
		SEP TO
New Registered Office Address:	Enter Florida street address	ω , ω
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pr	erformance of my duties, and I am,	familiar with and

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>	Name	Address	Type of Action				
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Filing Fee: \$25.00