

L21000439447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

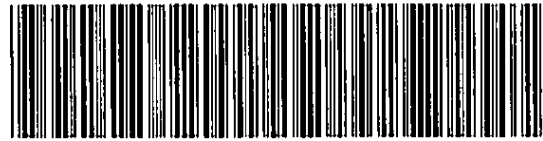
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2021 NOV -4 PM 10:24  
SECRETARY OF STATE

## Red Wiggler Castings LLC

2417 SW 146<sup>th</sup> St | Newberry, Florida 32669

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November 3, 2021

Florida Department of State  
Amendments Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe St. Suite 810  
Tallahassee, FL 32303

Attn: Ms. Querida Sillas

RE: Document #L21000439447 - Amendment  
Originally Filed October 7, 2021  
Red Wigglers Castings LLC

Ms. Sillas,

We spoke today regarding the amendment of Red Wiggler Castings LLC. You kindly walked me through the process and were so patient in helping me to insure that I completed the amendment form accurately. I could feel your smile through the phone!

As we discussed, I have included the following:

- Cover letter
- Check #2249 in the amount of \$25.00 payable to the Florida Department of State
- Articles of Organization as originally filed
- Articles of Amendment to Articles of Organization for Red Wigglers Castings LLC

My telephone number is 727.560.2411. Would you be able to give me a call when you receive this correspondence so I know that it safely reached your hands? ✓

Again, thank you for helping me through this process. Your professionalism is greatly appreciated and I hope valued by your team! ( I'd like to be able to let your team lead know how helpful you were – would you please share this letter?)

Best,



Susan Neville

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Red Wiggler Casting 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:

Susan Neville  
Name of Person  
Red Wiggler Casting LLC  
Firm/Company  
2417 SW. 146<sup>th</sup> St  
Address  
Newberry Fl 32669  
City/State and Zip Code  
ellivensm@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Neville at ( 727 ) 560 - 2411  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 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**

**FILED**

2021 NOV -4 PM 4: 24

Red Wiggler Castings LLC

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

SECRETARY OF STATE  
12/1/2021

The Articles of Organization for this Limited Liability Company were filed on 10/07/2021 and assigned  
Florida document number L21000439447.

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



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

A hand-drawn graph of a concave function on lined paper. The curve starts at a point on the left and ends at a point on the right, both marked with dots. The curve is concave down, meaning its slope decreases as it moves from left to right.


**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If 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 (3)(b)

**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 November 01 2021

 \_\_\_\_\_  
Signature

Signature of a member or authorized representative of a member

Susan Neville

Typed or printed name of signee

**Filing Fee: \$25.00**