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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Co			· · · · · · · · · · · · · · · · · · ·	A	
Redlight W	/eight Loss LLC			•	
SUBJECT:	Name of Lim	rted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	-			
	David Ireland				
		Name of Person		•	
	Redlight Weight Loss LLC			26 85 85 85 85 85 85 85 85 85 85 85 85 85	
		Firm:Company		21 N	-
	14097 Irving st;			#24 1886	-
		Address		15 - 1 15 - 1	•
	Springhill, Fl. 34609			2021 HOY 24 PH 2: 1	• -
	davidireland001@yahoo.co	City State and Zip Code		= =	
		to be used for future annual report non	tication)		
For further information c	concerning this matter, please ca	all:			
David Ireland		865 742-6749			
Name (n' Person	at ()	ne Telephone Number	· 	
Enclosed is a check for t	he following amount				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addre Registration		Street Address:	otion		
Division of C	Corporations	Registration Se Division of Co			
P.O. Box 631 Tallahassee,		The Centre of "	Fallahassee	٥	
rananasee,	1. ال شدان منه ا	2410 IN. MONTO	e Street, Suite 81	U	

. Tällahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Redlight Weight Loss LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reconsidity Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{10/(2/2)}{}$	and assigned
Florida document number L21000445992		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Redlight Wellness LLC		200 F
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14097 Irving st:	
(Principal office address MUST BE A STREET ADDRESS)	Spring Hill, FL 34609	3-1 -
		記述ジン
Enter new mailing address, if applicable:		Cri
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		
N. B		
New Registered Office Address:	Enter Florida street add	tress
	Cin	Florida

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>	Name	Address	Type of Action
Mr	David Ireland	14097 Irving st; Springhill, FL 34609	■Add
			□Remove
			🗆 Add
			□Remove
			C P
			☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change
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fective date, if other than th	e date of filing: _				(optional)		
in effective date is listed, the date m <u>nte:</u> If the date inserted in this l							
cument's effective date on the	Department of State	s records.	•				
record specifies a delayed effect	ve date, but not an i	ffective time.	at 12:01 a.m	, on the earlier	of: (b) The	90th day af	ter the
is filed							
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() ()	(/.LL)						
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Des. J I	Signature of a mem	ber or authorize	d representativ	e of a member			

Filing Fee: \$25.00