LZZ 000028548

(Re	equestor's Name)	
(Ac	ddress)	
•	ŕ	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
		İ
		ĺ
<u> </u>		

Office Use Only



400379121164

03/11/22--01009--015 **27.01

2027 FEB 11 PM 2: 14

Y. SCOTT FEB 1 9 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: L	ed Ribbon 1	Zealty ldc ited Liability Chimpany		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		_		
Please return all correspo	indence concerning this matter	to the following:		
	Bro	Manie of Person		
		Firm/Company		
	694 Tu	imbled Stune	Way ====	3022 FEB
	St August	ine FZ 320 City/State and Zip Code	189 No. 31	FA 2
	E-mail address: (to be used for future annual report notif	i	· =
For further information c	oncerning this matter, please co	·	,	
To runner mioritation e		μιι.		
Drancly	Hacke H	at (303) 887. Area Code Daytime	71048 Telephone Number	
Enclosed is a check for th	ne 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 Statu Certified Copy (additional copy is encl	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion	
Division of C	orporations	Division of Corp	oorations	
P.O. Box 632	7	The Centre of Ta	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Ribbon Real (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000285</u> 48	were filed on $\frac{11322}{22}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Brandy Amber Hacket The new name must be distinguishable and contain the words "Limited Liabil	H, LCC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	694 Tumbled Stone Way St Augustine FL 32084
Enter new mailing address, if applicable:	
(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, enter the name of themew registered
Name of New Registered Agent:	. 6
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

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Add Parket Control of the Control of
		··- ····	Changer Changer
			Add Signal Add
			□Remove
			Change
		 	□ Add
			□Remove
			Change
			Add
			□Remove
			(I) C'haman

							
			 -				<u>—</u>
·	·						
							
							
				···········			
				4 · · ·	cr		
					E.	2022	
						B.	
					1, X. Y.		المحكمية
			· · · · · · · · · · · · · · · · · · ·		ins Ele	1 2	
					<u>구</u> 품	<u> </u>	
· · · · · · · · · · · · · · · · · · ·							
			*		<u>.</u>		
							
	her than the date of fi ed, the date must be specific	and cannot be prior to	date of filing or mor	optice than 90 days after	filing.) Pur	suant to	605.0207
n effective date is liste	irted in this block does no	of meet the applicat of State's records.	ole statutory filing	requirements, this	date will	not be	listed as
n effective date, if other meffective date is listender: If the date insective cument's effective	date on the Department						
n effective date is liste ote: If the date insecument's effective							
n effective date is liste ote: If the date insecument's effective	elayed effective date, but	not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b) The 90	th day a	ifter the
n effective date is listente: If the date insective cument's effective ecord specifies a de is filed.				the carlier of: (b) The 90	th day a	ifter the
n effective date is liste ote: If the date insective cument's effective ecord specifies a de		not an effective tim		the earlier of: (b) The 90	th day a	ifter the
n effective date is listente: If the date insective cument's effective ecord specifies a de is filed.	elayed effective date, but		in the state of th	-{) The 90	th day a	ther the

Filing Fee: \$25.00