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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Redu	lood Home Sou	lutions LLC	
SUBJECT: 15000	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Zac	hery Wood Name of Person	
		Firm/Company	
	6121 Au	Hunn Pines Cir.	
		FL 32571	
		City/State and Zip Code honesol Egmail. Co to be used for future annual report not	m .
For further information c	oncerning this matter, please ca		nication)
Zachery	Wood	at (<u>850</u>) 291-5	5931
Name 0	i reison	Area Code — Dayun	te Tetephone 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 Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C	orporations	Division of Cor	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RedWood	Home	Sou	lution.	s LL	C		 1	وہ	
(Name of the Limited	d Liability Co A Florida Lim	mpany as i ited Liabilit	t now appear y Company)	rs o <u>n our</u> r	ecords.)			195 J	
(Name of the Limited Lia		any were	filed on	June	. 3, 2	022	andyassi;	gned E	· · · ·
Florida document number <u>L22ØØØ254</u>	1829							Ţ	(1) (*)
This amendment is submitted to amend the follow	wing:						FLORIC	1 PH 2: 0	
A. If amending name, enter the new name of		-	ompany he	ere:) A		
RedWood Home Solution	15 LLC	-							_
The new name must be distinguishable and contain the wo	ords "Limited I	Jability Co	mpany," the d	esignation	"LLC" or t	he abbrevia	ition "L.L.	.C."	_
Enter new principal offices address, if applica	ıble:								_
(Principal office address MUST BE A STREET	ΓADDRESS	<u> </u>							_
		_							_
Enter new mailing address, if applicable:									_
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>								_
									_
B. If amending the registered agent and/or regagent and/or the new registered office address		ice addre	ss on our re	ecords, <u>e</u>	nter the	<u>name of t</u>	<u>he new</u>	registe	rec
	<u>/ 11414</u> (
Name of New Registered Agent:									_
New Registered Office Address:		<u> </u>		<u>.</u>					_
			Enter Flor	ida street a	ddress				
					_, Florida	ì			_
		(ity			Zi_{l}	p 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 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
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E. Effective date, if other than the date of filing:	filing.) Pursuant to 605.0207 (3)
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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)	
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