

L22000267007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

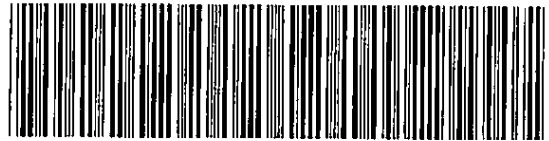
(Business Entity Name)

(Document Number)

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2024 JUL 18 PM 6:43  
FILED  
CLERK OF COURT  
JUL 18 2024

JUL 30  
S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IROC SERIES 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:

Christopher Walley

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

733 E Wacona Dr

\_\_\_\_\_  
Address

Waycross, GA 31501

\_\_\_\_\_  
City/State and Zip Code

cewalley88@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Walley

850

556-7501

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

IROC SERIES LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 10, 2022 and assigned  
Florida document number L22000267007.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Red Spoon Rentals LLC

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)**

1126 N Fletcher Ave

Fernandina Beach, FL 32034

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

733 E Wacona Dr

Waycross, GA 31501

**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: Christopher Walley

New Registered Office Address: 1126 N Fletcher Ave

*Enter Florida street address*

Fernandina Beach

*City*

Florida 32034

*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.*

  
Christopher Walley  
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>  | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|--------------|--------------------|--|
| AP           | Brian Ricck  | 46 Wild Rye Ct     | <input type="checkbox"/> Add               |
|              |              | O'Fallon, MO 63368 | <input checked="" type="checkbox"/> Remove |
|              |              |                    | <input type="checkbox"/> Change            |
| AP           | Casee Walley | 733 E Wacona Dr    | <input checked="" type="checkbox"/> Add    |
|              |              | Waycross, GA 31501 | <input type="checkbox"/> Remove            |
|              |              |                    | <input type="checkbox"/> Change            |
|              |              |                    | <input type="checkbox"/> Add               |
|              |              |                    | <input type="checkbox"/> Remove            |
|              |              |                    | <input type="checkbox"/> Change            |
|              |              |                    | <input type="checkbox"/> Add               |
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|              |              |                    | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

2024 JUL 18 PM 6:43

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AIR MAIL