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(Address)
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COVER LETTER

TO: Registration Section Division of Corporations	· ·		.
SUBJECT: Red line Landson Name of Li	ping LLC imited Liability Company		
The enclosed Articles of Amendment and fee(s) are st	ubmitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
T	aylor Williams Name of Person		
	Firm/Company		
1092	Big Tree LA		
Clur	Non F FL 34711 City/State and Zip Gode		
Twillia m	15321 Byahov. Com: to be used for future annual report notific	ation)	22 SE
For further information concerning this matter, please			P 23
Taylor Williams Name of Person	at (<u>407</u>) <u>558-63</u> Area Code Daytime	Celephone Number	22 SEP 23 AM 9: 18
Enclosed is a check for the following amount:			
\$25,00 Filing Fee Cl \$30,00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Corrified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	
Mailing Address: Registration Section	Street Address: Registration Sect	on	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(<u>Name of the Limited Liability C</u> (A Florida Lia	lompany as it now appears on o	ur records.)		
The Articles of Organization for this Limited Liability Com	npany were filed on $9/1$	1/22 and	d assigned	
Florida document number <u>L</u> 22000 40 1121		•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviatio	n "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	SS)			
			22	
			SEP Fig.	
Enter new mailing address, if applicable:			23 23	
(Mailing address MAY BE A POST OFFICE BON)			<u>≥</u> 251	;
			9	
				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record			ster
Name of New Registered Agent:				
				_
New Registered Office Address:	Enter Florida str	vet address		
		Florida		
· · ·	City	Zip C	ode	

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

Title	Name	Address	Type of Action
	Taylor Williams	10921 Big Tree LA	
DUNET		Clermont, FL, 34711	□Remove
			[I]Change
AMBR Savan	Savannah Smathurs	10921 Big Tree Ln	ZI Add
		Cleront, FL, 34711	□Remove
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than the date of filing:(optional)	
he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to I in this block does not meet the applicable statutory filing requirements, this date will not be	605,020 listed a
e on the Department of State's records.	mixed di
ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
eptenber 2022	
Signature of a member of authorized representative of a member	-
Signature of a member of authorized representative of a member Tay of William Typed or printed name of signee	

Filing Fee: \$25.00