## 422000401121

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SECRETARY OF STATE

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Redline Landscap	ing LiC
Name of	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	
Taylo	Name of Person
	Firm/Company
10921 Bi	y Tree Ln, Clermont, FL, 34711 Address
Clermont	FL 34711 City/State and Zip Code
Twilliams E-mail addr	3210 yahoo 100 m ess: (to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Taylor Williams Name of Person	at (407) 552-6328  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of State	S55.00 Filing Fee & S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Redline Landsca	ping LLC	
(Name of the Limited Liability (A Florida l	Company as it now appear limited Liability Company)	rs on our recor <u>ds.</u> )
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000 401121</u>		9 14 2027 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company he	ere:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	records, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	orida 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
AMBR	Ryan Bennett	12397 Hull Rd	DbAd
	•	Clermont, FL, 34711	
			□Change
AMBR Taylor Williams	Taylor Williams	10921 Big Tree Ln.	□Add
	Clermont, FL, 34711	□Remove	
			□Remove
			□Change
			□Remove
			□Change
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(If an effe Note: 1	ce date, if other than the date of filing:
he record ord is file	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 d,
Dated _	October 20th 2022  Tan Um  Signature of a member or authorized representative of a member
	Tas IIm
	Signature of a member or authorized representative of a member  Taylor Williams  Typed or printed name of signee