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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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(Document Number)	
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## **COVER LETTER**

Registration Section

TO:

Division of Corporations	, ·
SUBJECT: RED PEPPE	R LLC (L13000033023)  Name of Limited Liability Company
The enclosed Articles of Amendment and f	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Podus	Name of Person
	Ded Pepper TER TER
	Firm/Company'
16950	N.BAY Road upt 512
Flori	DED Pepper Firm/Company  N.BAY Road upt 512  Address  da 21p 33160 Sunny Isles  City/State and Zip Code
	04000 amail. com nail address: (to be used for future annual report notification)
Eor further information concerning this ma	
	ner, prease can.
IVAN Paduzov	at (754) 275 - 98 - 39 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	int:
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Taltahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Pepper LL	_ C	_
(Name of the Timited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.73 000 3.30 7.3	were filed on $01 - 18 - 7023$ and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	ı "L.IC."
Enter new principal offices address, if applicable:	<del>()</del>	702
(Principal office address MUST BE A STREET ADDRESS)	- <u>%C</u>	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	AHASSEE, FL	B
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the</u>	new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, FloridaZip C	Tode

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>	Name	Address	Type of Action
1 <u>MBR</u>	IVAN PODUZON	$\rightarrow$	tadd
		33160 Sunny Isles	□Remove
			□Change
			🗆 Add
			□Remove
		<del></del>	Change
		SECRETION OF SEE. F.	Add 23 FEBIRemond 3: 5 Badd
			च्चे □ □ □ □ Remove
			Change
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		··· ·		
				<del></del>
Note:	ffective date, if other than the date of filing:	<b>tional)</b> er filing.) F nis date w	Pursuant ill not b	to 605.0207 (3)(b) be listed as the
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: iled.	(b) The	90th day	after the
Dated	03/02/2023  Signature of a member or authorized representative of a member			_
	IVAN PODUZOU			
	Typed or printed name of signee			_
	Filing Fee: \$25.00	SECRETARY OF STAI TALLAHASSEE. FL	2023 FEB   O PM	
		STATE	PM 3: 58	No.