LZ3000295641

(Requestor's Name)
(Address)
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COVER LETTER

SUBJECT: <u>REO</u>	Preservation Name of Lim	ns, Florida, Control Liability Company	LLC.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Scott E.	Emecick Name of Person	
	REO Preserv	rations, Floric	da, LLC.
	4450 Shile	h Lane Address	
	Jacksonvi	City/State and Zip Code ations floridal to be used for future annual report notions.	210
Lower (see) =	REO Preserve E-mail address:	ation 5 floridale to be used for future annual report noti	equalicom induion
	oncerning this matter, please c		floation)
Scott Er	nerick	at (219) <u>898</u> Daytim	6.7
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		[1]
S25.00 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 (additional copy is enclosed)

Registration Section

Division of Corporations

TO:

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

RED Preservations, (Name of the Limited Liability Comparing A Florida Liability Comparing	Florida, LLC.
(<u>Name of the Limited Liability Compar</u> (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 <u>L23000 295641</u>	were filed on Jone 19, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	"L.L.C." خوا the designation "LLC" or the abbreviation." لند الله (L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	ික් නා දරු දර
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docur being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Aget

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being authorized from our records:

MGR = Manager

AMRR	= Auth	arized	Mem	her
	- Auu	ULLLU	IATCIES.	DUI

<u>Title</u>	Name	Address	Type of Action
AMBR	Scott E. Emerick	Address 4450 Shiloh Lane Jacksonville FL 32210	B Add
			□Remove
			🗆 Change
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			□Remove
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	he date must be specific a I in this block does not	and cannot be prior timeet the applic	able statutory fili	more than 90 days	optional) after filing.) Pursuant to 605 i. this date will not be list
card ensaifies a dalar	ed effective date, but n	iot an effective ti	me, at 12:01 a.m.	on the earlier o	of: (b) The 90th day afte
s filed.					7.93
s filed.	Y 45	_ <u>2023</u>			7779 JH
s filed.	\	<u>2023</u>	_ ·		9799 JUL 2
s filed.	Signature of		_ `	re of a member	7292 JULY 20 Pis

Filing Fee: \$25.00