# L230001145719

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# **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
our Lessen	FRANCHIS	SE LAW FIRM EXPLORATO	RY & DEVELOPMENT, LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	-		
r rease return	ин сонсаро	naciee concerning this matter	to the following.		
		Denissis Dias			
			Name of Person		
		KEW LEGAL, P.A.			
Firm/Company					
		16690 COLLINS AVENU	E SUITE 1101		
Address					
		SUNNY ISLES BEACH.	FL 33160		
			City/State and Zip Code		
		DENISSIS.DIAS5@GMAI			
			to be used for future annual report no	tification)	
For further in	iformation c	oncerning this matter, please co	all:		
DENISSIS I	DIAS		305 990-2220		
	Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
		☐ \$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)	
	iling Addres gistration S		Street Address: Registration So		
Division of Corporations				Division of Corporations The Centre of Tallahassee	
P.O. Box 6327		The Centre of	i ananassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANCHISE LAW FIRM EXPLORATORY & DEVELOPMENT, 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  $\frac{09/26/2023}{1}$ and assigned Florida document number L23000445719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Red Wagon Club IP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida City

### 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
			□Add
			□ Remove
			□ Change
		<del></del>	□ Add
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Note:	ctive date, if other than the date of filing:  (optional)  ctive 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) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	July 18 2024
	Rion Robins  Rion Robins (Jul 18, 2024 16 12 EDT)  Signature of a member or authorized representative of a member
	DION DODING
	RJON ROBINS  Typed or printed name of signee

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Filing Fee: \$25.00